# 2013-2014

## Colorado Department of Corrections Strategic Plan

Tom Clements

Executive Director

January 2, 2013

Building a Safer Colorado for Today and Tomorrow

## 2013-2014 STRATEGIC PLAN
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This is an updated version of the Department of Corrections 2013-2014 Strategic Plan previously published on November 1, 2012, based on guidance from the Governor's Office of State Planning and Budget.[1]

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[1] Section IV of this Plan was modified to include Major Program Area process input and output measures. The term "strategic objective" is replaced with "performance goal" in Section IV, the 2013-2014 Operational Strategic Plan.

## Message from the Executive Director

I begin this message, for the 2013-2014 Strategic Plan, with an overwhelming sense of pride and appreciation for the hard work and dedication of the correctional professionals who *are* the Department of Corrections. Our 6,000 correctional professionals strive each day to meet the mission of our agency, to protect the citizens of Colorado, by supervising and managing offenders sentenced for crimes against our citizens.
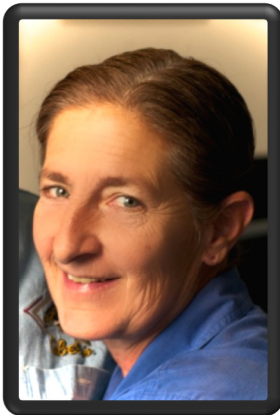


Sgt. Mary Ricard began her career with the Colorado Department of Corrections at the Buena Vista Correctional Complex on November 1, 2003, as a Food Service Supervisor. She transferred to Arkansas Valley Correctional Facility on February 1, 2007. On September 24, 2012, Sgt. Ricard was killed in the line of duty. She was a daughter, mother and grandmother, beloved by her family, friends and colleagues.

Safety is always number one, and yet, the potential for danger in our prisons and communities is ever present. The tragic loss of our colleague and friend Sergeant Mary Ricard, killed in the line of duty, and the assault on Sergeant Lori Gann on September 24, 2012, at the Arkansas Valley Correctional Facility, are reminders of the inherent danger of our work, and the importance of continuous improvement for the safety of staff and the public.

Last year, the Department set forth a thoughtful and demanding strategic plan comprised of thirty-four strategic objectives and twenty-four key performance indicators (KPIs) to improve performance, efficiency and safety, within allocated resources. The Department's 2012-2013 Strategic Plan focused on providing opportunities to enhance offender success and thereby staff and public safety through increasing evidence-based practices related to: risk and need assessments, program opportunities and offender supervision. Organizational change is rarely achieved in the short-term; our cultural shift is no exception. This strategic plan contains an analysis of our performance over the past year toward achieving strategic objectives and improving key performance metrics. We have made tremendous progress since the publication of the Department's 2012-2013 Strategic Plan. We have more work to do.

Planning is a continuous process, a cycle wherein goals are identified and achieved; subsequently, new challenges and opportunities emerge, driving the identification of new goals and key metrics.

At the Department's 2012 strategic planning session, Department leadership, an employee organization representative and external stakeholders met to define performance goals related to challenges and emerging trends affecting the Department. During town hall meetings, the Executive Team met with staff in facilities and parole offices across the state to gain a greater understanding of the issues facing the Department and to discuss the Department's performance goals.



Executive Director Clements at a town hall meeting with staff at La Vista Correctional Facility

New goals will focus on delivering quality behavioral health treatment and programs, implementing new federal legislation for the Prison Rape Elimination Act (PREA), effectively managing new controlled maintenance funds to enhance our physical plants, and applying Lean process improvement to achieving strategic initiatives.

This past year, the Department embraced the Governor's initiative to implement Lean process improvement, a time-tested method, to evaluate system processes and reduce unnecessary activities while improving service to the customer. This year, the Governor's office initiated Strategic Operational Planning to effectively relate Lean process improvement and strategic plans tied directly to the daily operations of the Department. Our constituents will find the Department's strategic operational plans create a more transparent connection between daily operations, performance goals, as well as process and performance measures.

I close with a note of appreciation to our many partners in the criminal justice system, including volunteers who dedicate their time to deliver programs to offenders, state Departments and local organizations who collaborate with us to deliver services essential to achieve our mission, and the general public, who provide crucial feedback to ensure we meet expectations of the citizens for whom we work.

Together, we continue "to build a safer Colorado for today and tomorrow."

Tom Clements
Executive Director

**Mission, Vision and Values**

## VISION STATEMENT

"Building a Safer Colorado for Today and Tomorrow."

## MISSION STATEMENT

"To protect the citizens of Colorado by holding offenders accountable and engaging them in opportunities to make positive behavioral changes and become law-abiding, productive citizens."

## VALUE STATEMENTS

1. Our staff is our greatest resource.
2. We support a professional, empowered workforce that embodies honesty, integrity and ethical behavior.
3. We honor and respect the rights of victims.
4. We respect the individual differences of our staff and offender populations and seek to safeguard the safety, dignity and well-being of all.
5. We strive to deliver correctional services with optimal efficiency.
6. We engage in effective correctional practices that produce measurable outcomes.
7. We are committed to exceptional customer service.
8. We are dedicated to providing opportunities for offender success.
9. Our success is achieved through mission-focused collaboration.

In August 2012, the Office of the State Auditor published a report on the Implementation of the State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act.[2] The State Auditor found the Department of Corrections' 2012-2013 Strategic Plan was substantially compliant with SMART Act requirements. There were however, some deficiencies cited which have been corrected in this 2013-2014 Strategic Plan. Appendix A provides the reader with a summary chart identifying the requirements of the SMART Act and the page reference of this 2013-2014 Strategic Plan which complies with the requirements.

Following is an evaluation of the Department's performance for the strategic objectives and related key performance indicators (KPIs) contained in the 2012-2013 Strategic Plan. In 2011, thirty-four (34) strategic objectives were developed, focused on achieving measurable outcomes as specified in the twenty-four (24) KPIs.[3]

Results for Strategic Objectives

Department staff is commended for their extraordinary efforts to develop, implement and monitor progress on thirty-four (34) strategic objectives in the 2012-2013 Strategic Plan. The Department's strategic objectives vary in complexity and time to achieve identified goals. Each objective significantly contributes to the overall mission of the Department.

**As of June 30, 2012, twelve (12) of thirty-four (34) objectives were completed and closed by the Department Executive Staff.**
1) Independent review of administrative segregation (Ad/Seg). Conduct an independent review of policies, procedures and practices and implement approved recommendations. Decrease the number of offenders released directly from Ad/Seg to parole or the community.
2) Coordinate constituent services inquiries. Establish a constituent services coordinator to receive, respond, track and measure constituent inquiries to improve customer service.
3) Career and Technical Education (CTE). Improve offender employment opportunities by increasing CTE certificates awarded.
4) Colorado Correctional Industries (CCi). Increase by 100 the number of inmate jobs in CCi.
5) General equivalency diploma testing. Improve the efficiency in GED testing thereby increasing individual test batteries passed.
6) Parole hearings held by video conference. Increase the number of application parole hearings conducted by video conference.

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[2] Office of the State Auditor (2012 August). Implementation of the State Measurement for Accountable, Responsive and Transparent SMART Government Act. http://www.leg.state.co.us/OSA/coauditor1.nsf/UID/A4A0A62D468D8A6187257A5900625E5D/$file/2168+SMART+Gov+Perf+Aug+2012.pdf?OpenElement
[3] KPI #9, direct re-entry services, does not have a reliable data source, a focus of improvement for the strategic objective, direct re-entry services, and therefore is not included in this evaluation.

7) P-cards (procurement cards). Ensure employees with state procurement cards adhere to spending policies.

8) Increase inmate participation in the Pre-Release Program. Increase program access for offenders thereby increasing the Pre-Release Program completion rate.

9) Random urine analysis (UAs). Reduce offender positive UA test results, and reduce the rate of inmate on inmate and inmate on staff assaults.

10) Create staff development opportunities. Improve staff morale and employee engagement through training and cost effective incentive programs.

11) Staff work-related injuries. Improve staff safety by reducing the number of staff injuries.

12) Interdepartmental video court team. Conduct a comprehensive analysis of opportunities and barriers to expand the use of video court for offenders.

Most of the completed strategic objectives are directly tied to KPIs and are discussed in greater detail later in this section.

Results for Key Performance Indicators (KPIs)

Every reasonable effort was made to achieve all targeted performance outcomes; however, as noted in the narratives that follow, this was not always possible. Outcome measures are typically influenced by many factors, some of which the Department does not control. It is critical to continue to focus on improving outcome measures as these indicators are relevant to the mission of the Department. In the future, however, we will also focus on output measures tied more directly to the operational processes of the Department. This will be discussed further in the section on 2013-2014 Strategic Operational Plan.

- The Department met or exceeded key performance metrics for ten (10) of twenty-three (23) measures, a 43.5% success rate.
- Two (2) of twenty-three (23), 8.7%, KPIs contained three measures, two-thirds of which met or exceeded targeted results and another third did not reflect improved performance.
- Eleven (11) of twenty-three (23), 47.8%, key performance metrics did not meet targeted outcome measures. In two (2) of the eleven (11) cases however, improvements were achieved even though the exact target measure was not met. Some performance measures, such as the rate of recidivism, are tied to multi-year strategic objectives, and it is expected that key performance measures will continue to improve with the full implementation of these objectives.

**Key Performance Indicators #1 and #21: Administrative Segregation**

Administrative Segregation (Ad/Seg) is the Department's highest custody level and used to manage offenders who demonstrated they cannot be managed effectively in a less restrictive general population environment. In 2011, the Department identified a strategic initiative to critically examine the policies, procedures and practices of Ad/Seg to improve evidence-based and best practices consistent with an independent study, and to decrease the number of offenders releasing directly from Ad/Seg to parole or the community while maintaining the safety of staff, offenders and the public.

This strategic objective included a high level review of all offenders in Ad/Seg for appropriate placement, and the commission of an independent analysis of administrative segregation policies, procedures and

practices. The recommendations of the independent analysis were adopted in full and incorporated in Department policy providing more consistent, evidence-based practices related to the use of administrative segregation.

Subsequent to implementation of this strategic initiative, the Department's related key performance metrics reveal favorable outcomes. The key performance metric to decrease the percent of offenders classified as administrative segregation by 5% in FY12, was exceeded, with a final measure of 4.6% of the total offender population housed in this classification status.

**Decrease % of offenders classified as administrative segregation by 5% to 6.46%**

% inmates classified ad seg

| FY 2010 | FY 2011 | FY 2012 Target | FY 2012 Actual* |
|---------|---------|----------------|-----------------|
| 5.5% | 6.8% | 6.5% | 4.6% |

*Source*: Office of Planning & Analysis

\* Data as of June 30, 2012.

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**Reduce % of offenders released from administrative segregation who go directly to parole or community to 41%**

% released directly to comm.

| FY 2010 | FY 2011 | FY 2012 Target | FY 2012 Actual* |
|---------|---------|----------------|-----------------|
| 38% | 47% | 41% | 23% |

*Source*: Office of Planning & Analysis

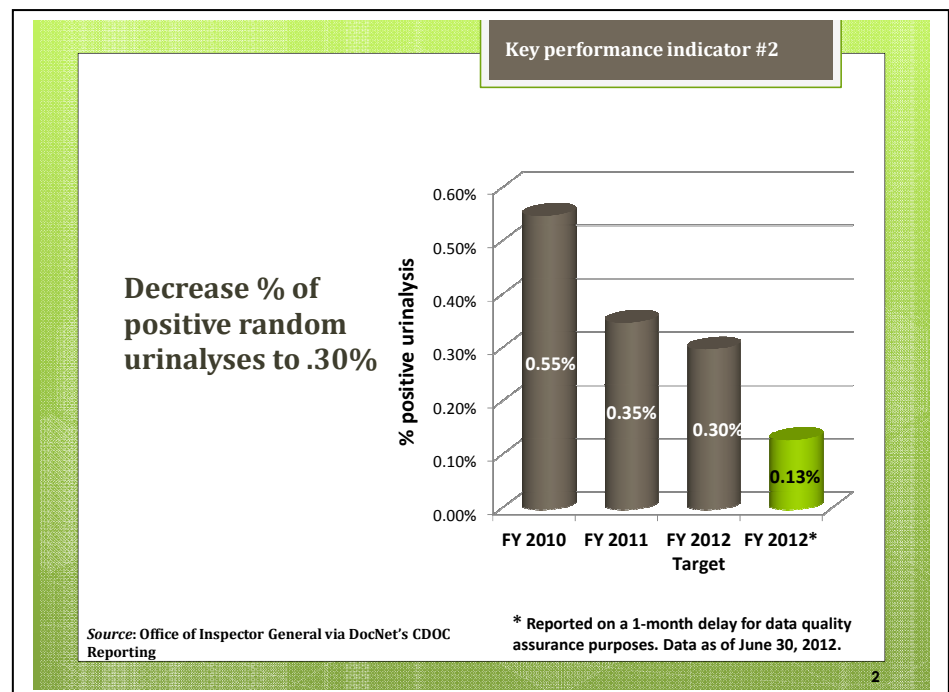\* Data as of June 30, 2012.

1

The key performance metric to reduce the percent of offenders released from administrative segregation directly to parole or the community, from 47% to 41%, in FY12 was substantially exceeded with an outcome of 23%.

The Department remains committed to implementation of effective correctional practices in Ad/Seg for the safety of staff, offenders and the public as identified in the independent analysis and as adopted in our related policies. While the strategic objective is complete, oversight of this major initiative will continue.

**Key Performance Indicator #2: Random Urinalysis (UAs)**

The Department currently utilizes the Department of Corrections Information System (DCIS) to randomly generate 5% of the offender population at each facility for urinalysis testing. This is a random poll where all offenders have the same probability to be selected for a urinalysis (UA).

Facility percentages are monitored by the drug screen coordinators at the facility level and by the drug deterrence coordinator at the administrative level. These numbers are monitored on a monthly basis and the facility is advised if the numbers fall below the target percentage. It is the responsibility of the facility to maintain the proper percentage of UA collection for analysis.



Key performance indicator #2

Decrease % of positive random urinalyses to .30%

% positive urinalysis

FY 2010: 0.55%
FY 2011: 0.35%
FY 2012: 0.30%
FY 2012* Target: 0.13%

*Source*: Office of Inspector General via DocNet's CDOC Reporting

* Reported on a 1-month delay for data quality assurance purposes. Data as of June 30, 2012.

The target key performance indicator identified for FY12 was a decrease in positive UA's to .30%. As the graph indicates, this was exceeded with a final measure of .13%.

**Key Performance Indicator #3: Rate of Inmate on Staff Assaults**

The Department established an objective to decrease the rate of inmate on staff assaults per 100 inmates by 3%, from 1.30 assaults per 100 offenders in FY11 to 1.26 assaults per 100 offenders in FY12. Any assault on staff is unacceptable. In the prison environment, assaults occur despite all reasonable efforts to manage offender behavior. Therefore, a meaningful reduction of the assault rate is crucial to enhance staff safety in the Department.

To achieve this objective, the following actions were implemented:
- Evaluate and identify types of inmate on staff assaults.
- Review trends and analysis as a monthly management report with appointing authorities.

In addition, the Department will continue to evaluate the characteristics of these assaults, looking for any patterns such as, Security Threat Group identifiers, time of day and staffing patterns, to improve operations and staff safety.

The target reduction rate for FY12 was 1.26 per 100 offenders. The achieved reduction of inmate on staff assaults was 1.28, two one hundredths of a percent from the target goal. The department achieved an overall reduction in the number of actual assaults on staff.

**Key performance indicator #3**

**Decrease rate of inmate on staff assaults per 100 inmates by 3% to 1.26**

# assaults per 100 inmates

|       |       |       |       |
|-------|-------|-------|-------|
| 1.40  | 1.30  | 1.26  | 1.28  |
| FY 2010 | FY 2011 | FY 2012 Target | FY 2012* |

*Source*: Prison Operations Administrative Officer

* Reported on a 1-month delay for data quality assurance purposes. Data as of June 30, 2012.

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Effective December 31, 2012, a new method of reporting inmate on staff assaults will be implemented, giving the Department a better understanding of the nature of inmate on staff assaults to further our efforts to improve staff safety.

**Key Performance Indicator #4: Rate of Inmate on Inmate Assaults**
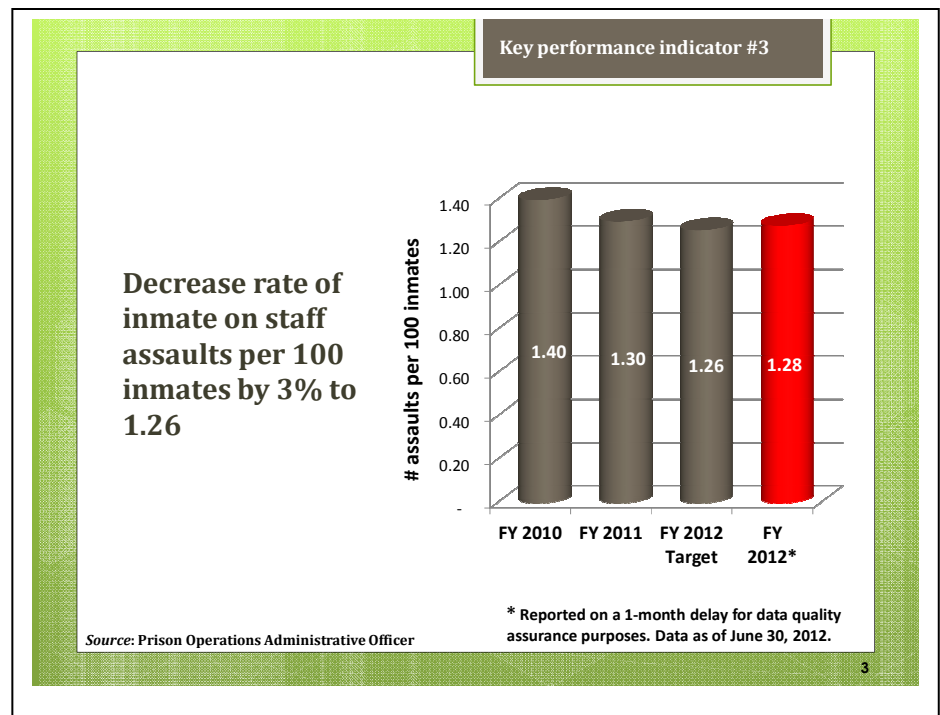
The Department established an objective to decrease the rate of inmate on inmate assaults per 100 inmates by 3%, from 2.10 in FY11 to 2.04 in FY12, to enhance overall safety in Department facilities. All assaults are unacceptable as assaults undermine the safety of staff and offenders alike.

To achieve this objective, the following actions were implemented:
- Evaluate the characteristics of inmate on inmate assaults.
- Review trends and analysis as a monthly management report with appointing authorities.

In addition, the Department will continue to identify trends such as, Security Threat Group identifiers, time of day and staffing patterns, to improve operations and offender safety.

The target reduction rate for FY12 was 2.04 assaults per 100 offenders. The department achieved the targeted reduction exactly with a 3% reduction of inmate on inmate assaults over FY11.



Key performance indicator #4

Decrease rate of inmate on inmate assaults per 100 inmates by 3% to 2.04

FY 2010: 1.90
FY 2011: 2.10
FY 2012 Target: 2.04
FY 2012*: 2.04

\# assaults per 100 inmates

* Reported on a 1-month delay for data quality assurance purposes. Data as of June 30, 2012.

*Source*: Prison Operations Administrative Officer
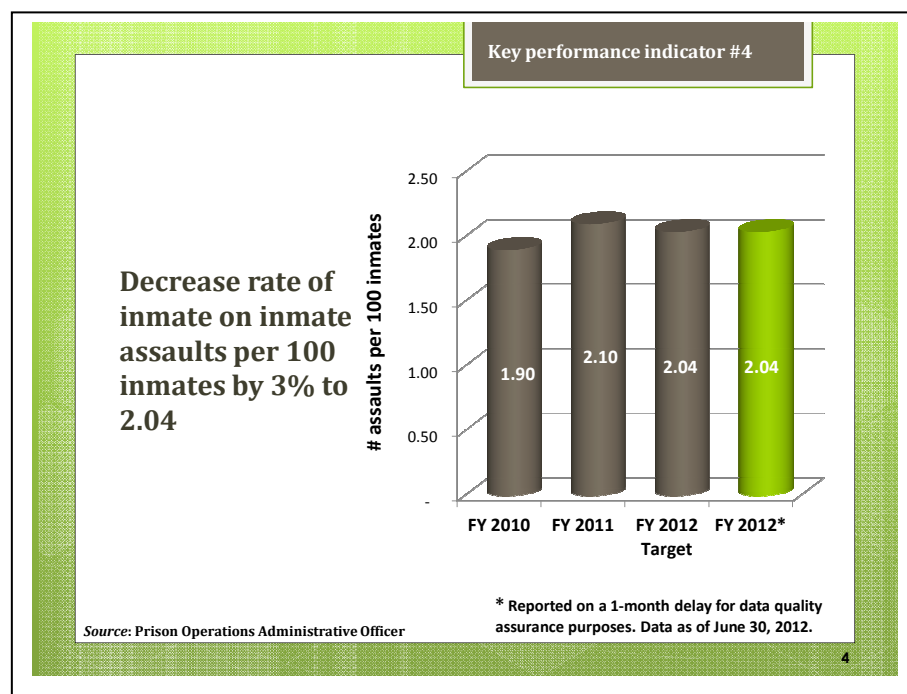
Effective December 31, 2012, a new method of reporting inmate on inmate assaults will be implemented, giving the Department a better understanding of the nature of inmate on inmate assaults to improve overall effort to improve offender and staff safety.
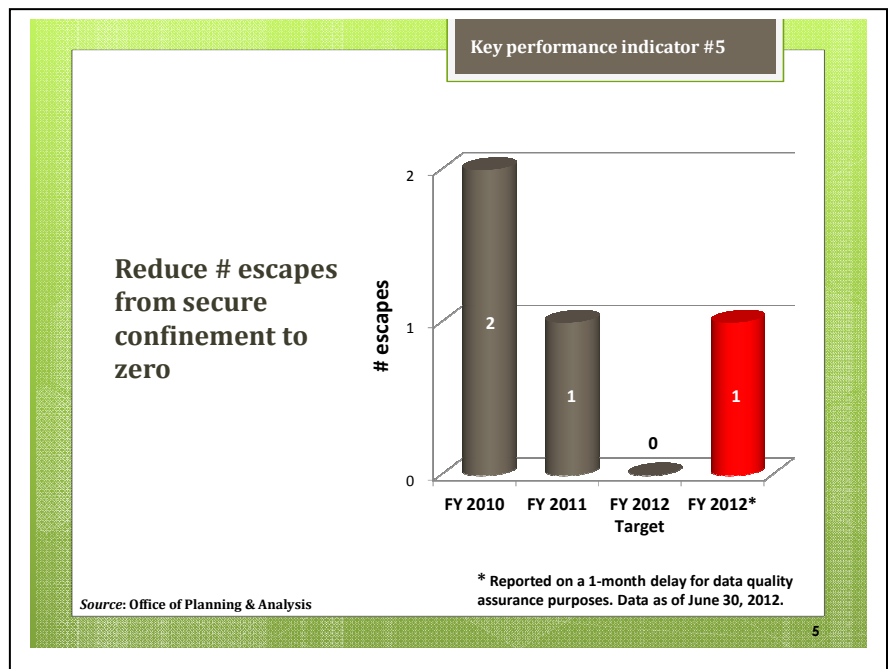
**Key Performance Indicator #5: Escape from Secure Confinement**

Offender Transportation is an important operational function within the framework of Prison Operations. A strategic objective was developed to look at the efficiency of offender transportation and how transportation processes can be improved. An extensive review and analysis of policies, procedures and practices was conducted in FY12 to identify areas where improvements could be made to ensure operational efficiency and effectiveness.

Escapes from secure confinement were identified as a key performance indicator for the strategic objective, Offender Transportation Efficiencies. Reducing the percentage of escapes from secure confinement to zero as the target measure the Department believed was attainable for FY12. During this fiscal year, one escape from a Level 1 facility was reported. This reported escape occurred at a level 1 facility which does not have a security fence or barrier of any kind. The offender crossed the identified boundary of the facility on foot and staff immediately stopped him. By definition, this behavior met the criteria of an offender escape.

The Department of Corrections is committed to enhancing operational effectiveness and efficiency to ensure escapes from secure confinement do not occur.



Key performance indicator #5

**Reduce # escapes from secure confinement to zero**

# escapes

FY 2010: 2
FY 2011: 1
FY 2012 Target: 0
FY 2012*: 1

\* Reported on a 1-month delay for data quality assurance purposes. Data as of June 30, 2012.

*Source*: Office of Planning & Analysis

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## Key Performance Indicator #6: Rate of Walk-away Escapes

Walk-away escapes from community corrections are a concern for the Department and, although the rate fluctuates from month to month, the trend has shown the occurrence to be relatively constant over the years with 9 –16% of termination reasons for FY01—FY11 attributed to walk-away escapes, according to the Division of Criminal Justice (DCJ) within the Department of Public Safety (DPS).

One of the strongest challenges to impacting escape behavior is that there is little that distinguishes an offender's tendency to escape from committing other violation behavior (i.e. substance use, new criminal behavior) which makes the decision to escape less predictable and difficult to intervene in a timely manner.

The DCJ has, however, established certain trends surrounding walk-away escapes:
- Higher risk offender populations, based on level of service inventory (LSI) scores, have higher rates of escape.
- Most walk-away escapes in community corrections occur in the first 60-90 days (technical rates are similar).
- Low percentage of employment among offenders who walk-away.
- Early identification and intervention of criminogenic needs can help reduce the risk of escape.

These trends present opportunities that are in process to address offenders who have higher LSI scores, offenders who have specific criminogenic needs and offenders who are approaching 60 days in the program, and to decrease the time it takes an offender to obtain and maintain employment.

Efforts to reduce the rate of walk-away escapes have been collaborative between the Department, DCJ and community corrections programs, but the consensus is that evidence-based strategies need to be in place in community corrections before a significant impact on long-term offender behavior, including

escape, is realized. Examples of such strategies are: structured decision-making tools for both negative and positive behavior, quality assessments, motivational interviewing, targeting criminogenic needs and cognitive behavioral interventions. For this reason, the target date for completion of this strategic plan was recommended to be amended from June 30, 2012 to June 30, 2013 and was approved by Department executive staff in April 2012.

With oversight by the DCJ, the community corrections programs are in the process of developing a statewide decision-making instrument to respond to both negative and positive offender behavior. Decisions will be made more consistently, with more certainty, in a more timely manner, and with the offender's understanding of how responses are determined—all of which are evidence-based principles that stand to improve offender behavior. Implementation through a pilot program is anticipated by December 2012.

Through a Lean initiative in August of 2012, efforts are underway to develop a system by which offenders in community corrections are provided with an expected or presumptive release date for intensive supervision program-inmates (ISP-I), as well as to parole, in order to encourage offenders to work towards their goals. While the release date is dependent upon completion of structured programming and the offender's behavior, this new vision is incentive-based with the intent for successful outcomes, and should assist in reducing walk-away escapes.



**Key performance indicator #6**

Reduce rate of walk-away escapes per 100 community corrections, ISP-inmates, and return to custody inmates by 7% to 14.6

# walk-away escapes

- FY 2010: 14.8
- FY 2011: 15.7
- FY 2012 Target: 14.6
- FY 2012*: 16.7

* Reported on a 1-month delay for data quality assurance purposes. Data as of June 30, 2012.

*Source*: Office of Planning & Analysis
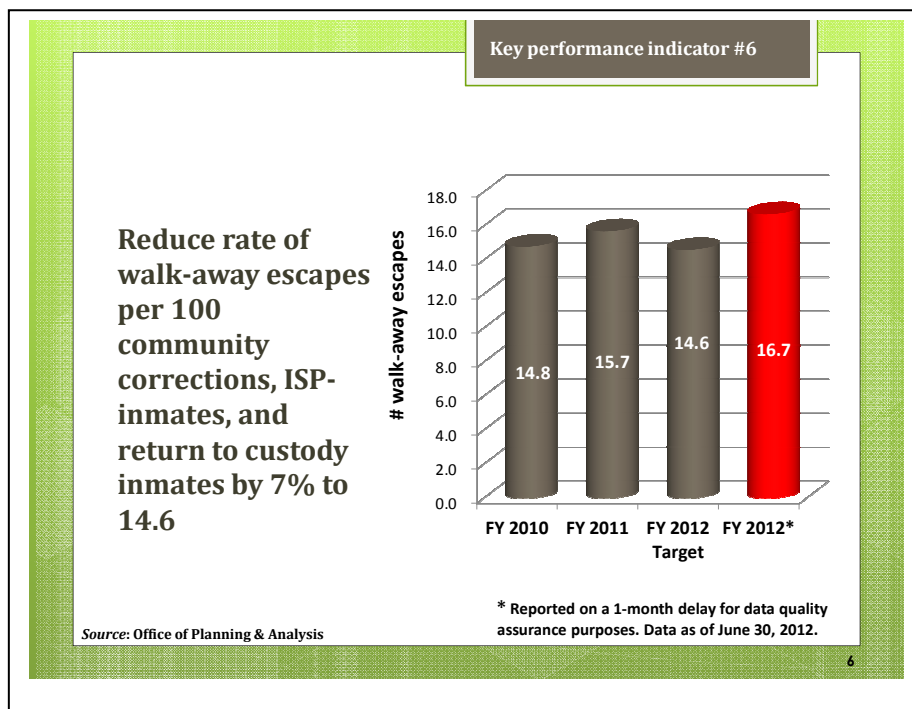
Since implementation of this strategic initiative, the key performance metric to decrease the rate of walk-away escapes has fluctuated: 16.7% at the end of June 2012; whereas it was 10.2% at the end of April 2012.

While this initiative hinges on the work of other agencies, we are encouraged that offender recidivism and escape rates can be positively impacted by the implementation of evidence-based strategies.
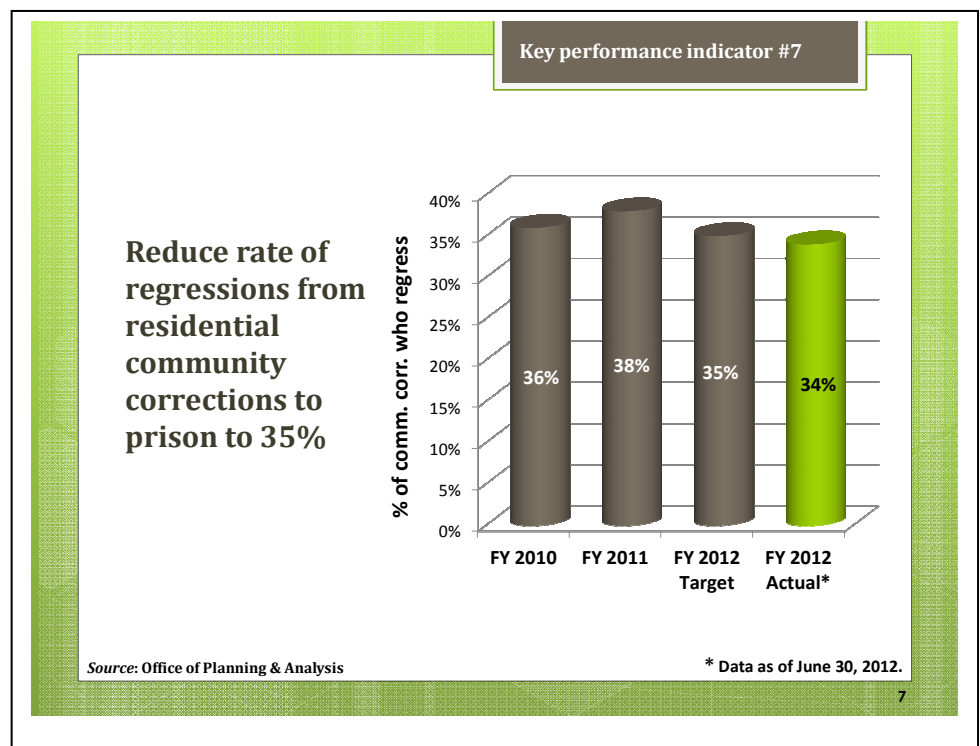
**Key Performance Indicator #7: Progression/Regression Rates in Community Corrections**

Among other duties, community parole staff is tasked with supervising Department inmates who have been accepted for placement in both privately owned and government operated community corrections centers across the state. This includes some decision-making about how offenders who violate supervision conditions are managed, to include regression back to prison. However, it is important to note that this decision-making authority is shared by other entities per statute, which to some extent limits the Department's ability to influence regression rates.

- CRS. 17-27-103 (5) provides local community boards the authority to accept or reject Department offenders for placement.
- CRS 17-27-103 (7) also provides community corrections programs the statutory right to reject after acceptance, Department offenders, for any reason.
- While CRS 17-27-108 gives the authority to establish community corrections standards to the Division of Criminal Justice, CRS 17-27-103 (3) allows community corrections boards and centers the ability to set their own program rules within those standards.

Historically, the decisions about how to manage offender violation behavior, to include regression back to the Department, have varied between the various community corrections programs and community parole staff. However, the community corrections programs, the Division of Criminal Justice, state judicial, and Department have all recognized the value of, and are committed to, improving consistency. Using the latest evidence-based practice research, these various entities are now working to create a statewide decision-making tool that will guide violation response decisions based on individual offender risk and violation severity. Additionally, the tool will guide how pro-social behavior can be reinforced and rewarded, thus increasing success rates. To date, the various entities have agreed upon a decision-making model and have plans to pilot an actual violations instrument by December 2012.

This chart reflects the current regression rates from community corrections showing some reduction in regression rates. At this time it is difficult to determine which initiatives might be responsible for the improved outcome.



Key performance indicator #7

Reduce rate of regressions from residential community corrections to prison to 35%

% of comm. corr. who regress

| | | | |
|---|---|---|---|
| FY 2010 | FY 2011 | FY 2012 Target | FY 2012 Actual* |
| 36% | 38% | 35% | 34% |

*Source*: Office of Planning & Analysis

* Data as of June 30, 2012.

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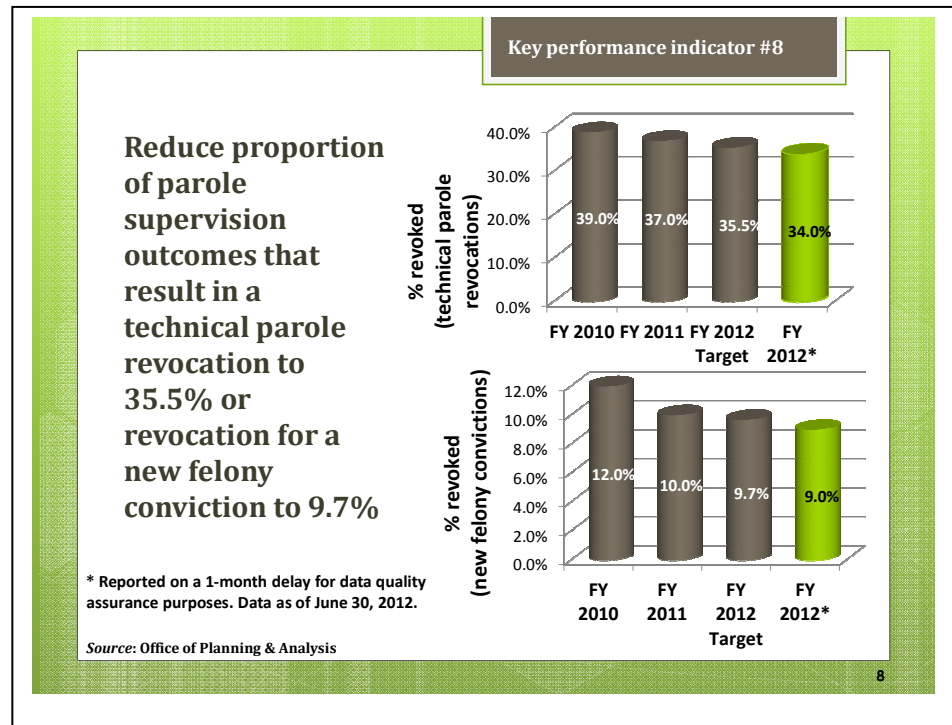**Key Performance Indicator #8: Parole Supervision Outcomes**

Community Parole Officers are tasked with the supervision of parolees, to include: assessing parolees' risks and needs, tailoring supervision strategies and support services to address those risks and needs, and appropriately responding to both pro-social and violation behavior with the ultimate goal of recidivism reduction. In order to improve offender outcomes, the division recognized the importance of continually reviewing supervision practices against the latest best practice research. In 2009, the Department began identifying a number of evidence-based practice initiatives designed to encourage offender pro-social behavior and reduce the number of offenders who return to prison on technical violations or new felony convictions, without compromising the safety of our communities.

In 2011, a number of these evidence-based practice initiatives were included in our strategic plan. Some of these include:

1. Improving the quality of offender assessments by providing three days of LSI training to all community parole officers.
2. Improving the professional alliance between staff and offenders through Motivational Interviewing (MI) skill development. This involved providing four hours of MI training to all staff and providing in-depth MI training and coaching to thirty four (34) staff through the Evidence-Based Practice Implementation for Capacity (EPIC) grant.
3. Tailoring supervision plans to better meet the offender's criminogenic needs. To date, we have automated the LSI and supervision plans to highlight criminogenic needs; begun the assessment of treatment services currently available; and started identifying critical service gaps across the state. Within a number of facilities and a few parole offices, we have implemented Thinking for Change as a new intervention strategy.
4. Recognizing and rewarding offender pro-social behavior is also critical. To date, 585 compliant ISP offenders earned removal from electronic monitoring and placement on a telephonic curfew system. Over 200 parolees received early parole discharges in FY12.
5. Responding promptly and appropriately to violation behavior through the creation and use of the "Colorado Violation Decision Making Process" instrument. The CVDMP instrument, which provides guidelines for responding to violations based on offender risk and violation severity, was implemented statewide in April 2011. By July 2012, 33,963 CVDMPs were completed often resulting in imposing intermediate sanctions rather than revocation. The division is in the process of documenting the final policy regarding CVDMP and will continue to emphasize and educate staff on the importance of the tool, how it reinforces the use of evidence -based practices and the synergies with other risk-reducing strategies.
6. Improving our data collection processes to better assess staff work product and offender outcomes is also critical and the division continues to upgrade Colorado Web-based Integrated Support Environment (CWISE), and to develop quality assurance processes to more efficiently measure these items.

While these initiatives are in various stages of implementation, the overall goal of implementing evidence-based practice is an organizational process that is never ending. The division will continue to compare the latest research to supervision practices and continually modify processes with the goal of improving offender outcomes.

At this time it is difficult to determine which initiatives might be responsible for improved outcomes. However, this chart suggests we are headed in the right direction.



Key performance indicator #8

**Reduce proportion of parole supervision outcomes that result in a technical parole revocation to 35.5% or revocation for a new felony conviction to 9.7%**

\* Reported on a 1-month delay for data quality assurance purposes. Data as of June 30, 2012.

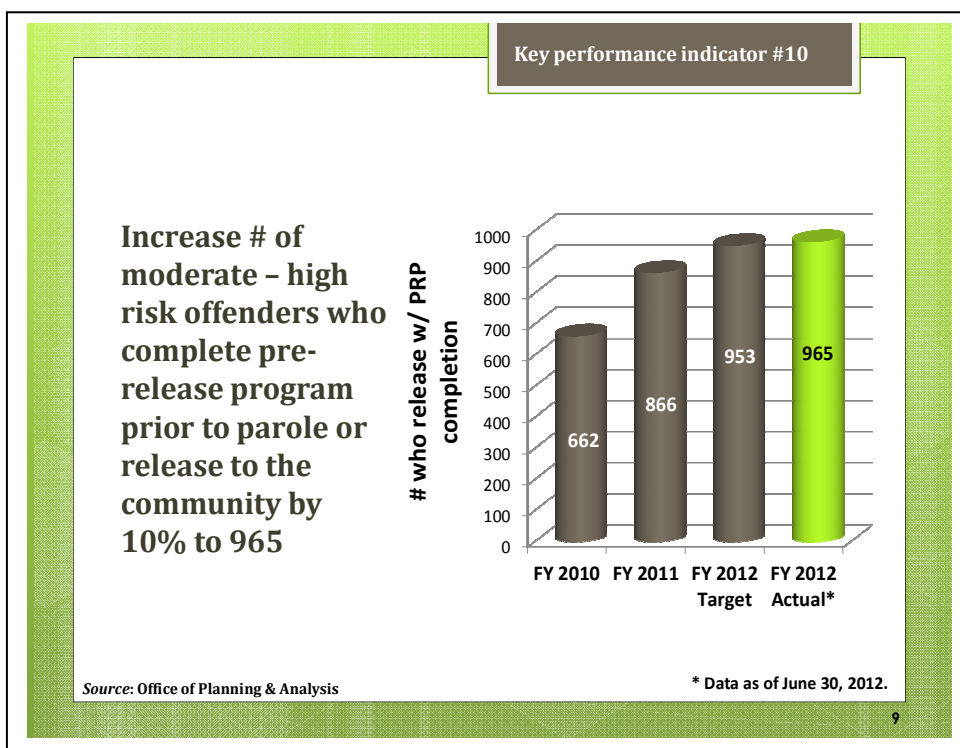*Source*: **Office of Planning & Analysis**

## Key Performance Indicator #10: Number of Moderate – High Risk Offenders Completed Pre-release Program Prior to Parole / Release to the Community

The Pre-Release Program located in state operated facilities, provides an evidence-based curriculum focused on the known risk factors to recidivism. The Pre-Release Program assists offenders to identify critical barriers to successful re-entry and identifies internal strengths and external resources to assist in the transition process. Every offender in the Pre-Release Program develops a community transition plan with key components of: identification, housing, employment, transportation, money management, education, healthy lifestyles, family relationships and support systems, victim awareness and living under supervision.

For FY12, the Division of Adult Parole, Community Corrections, and Youthful Offender Services (AP/CC/YOS), Offender Programs, was tasked with increasing Pre-Release Program participation by 10% over the previous year. Offender Programs met and exceeded this goal. In addition to the overall program completion increase, this KPI measurement asked for an increase in moderate—high risk offenders who complete pre-release programs prior to parole or release to the community by 10%.

Offender Programs was able to also meet this objective by increasing moderate—high risk participation from 866 to 965, an 11% increase.



Key performance indicator #10

**Increase # of moderate – high risk offenders who complete pre-release program prior to parole or release to the community by 10% to 965**

FY 2010: 662
FY 2011: 866
FY 2012 Target: 953
FY 2012 Actual*: 965

# who release w/ PRP completion

*Source*: Office of Planning & Analysis

\* Data as of June 30, 2012.

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There were three key areas that helped the Offender Programs staff to achieve increased overall pre-release program participation and participation of moderate—high risk offenders: 1) Increased classroom work stations from ten to fifteen in four facilities that had the physical space to accommodate the increase. This increase in classroom work stations kept the program within the research guidelines of appropriate class size for adult learning styles; 2) Required offenders to complete the pre-release program as part of the Cisco Academy for offenders who were participating in the Second Chance Act Grant; and, 3) implemented a Department-wide effort to increase programming for administratively segregated populations. Part of the Ad/Seg effort included redesigning the method of delivery for the pre-release program so it was more tailored for an Ad/Seg population, a collaborative effort between the Division Pre-Release staff, Sterling Correctional Facility and Colorado State Penitentiary staff.

In addition, Offender Programs staff began working to improve data capture utilizing the Department's master programming scheduler (MPS). Offender Programs staff requested and received a separate tracking code (formally the program was tracked through Education's code) in MPS. Effective July 1, 2012, the Pre-Release Program began using this new code. In addition, Offender Programs staff requested that program termination types and completions types be limited to a few specific codes, and for those codes to be used consistently throughout each facility where the Pre-Release Program is offered to offenders.

**Key Performance Indicator #11: Inmate Grievances**

The offender grievance process is available to all offenders and provides offenders with an impartial and timely review and resolution of complaints, which contributes to safe, secure, and efficient correctional operations.  Offenders may file a grievance on his/her own behalf regarding a policy, condition, or an incident pertaining to the offender's confinement.  As such, the number of grievances directly correlates to offender morale, as well as to the quality of life afforded within the facility. The grievance process encourages resolution of concerns at the lowest level, thereby reducing the more time consuming and expensive step 3 process or even litigation. The Department's objective was to increase the resolution of step 1 and 2 grievances, thereby reducing step 3 grievances by 2% in FY12.

Action steps for this strategic objective included: an improved centralized data review of grievance information through tracking and trending; the implementation of standardized training for staff regarding grievance management and response; an improved data review of grievances at the facility level to assure trends are identified and improvement plans developed; and, to re-write Administrative Regulation 850-04 Grievance Procedure to reflect procedural changes.

The Department was successful in reducing the number of Step 3 grievances from 3,502 in FY11 to 3,435 in FY12.

Though we have not implemented all the action steps in full, we substantially achieved our target key performance metric of a 2% decrease.
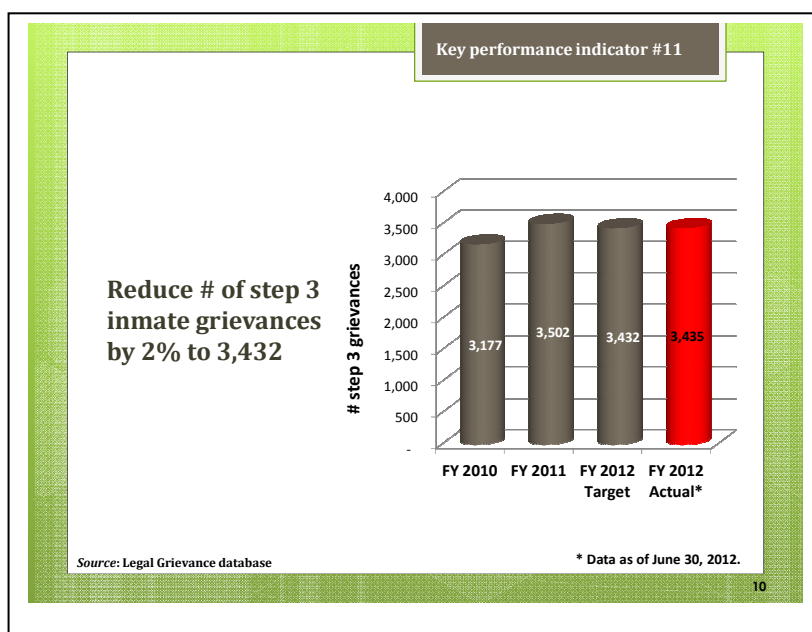


With additional staff training, and with the publishing and signing of the new Administrative Regulation 850-04 Grievance Process, which will incorporate an informal process for offenders to handle complaints, we expect to see a greater reduction in the number of overall grievances filed by offenders in the coming year.

**Key Performance Indicator #12: General Equivalency Diploma (GED) Test Statistics**

When GED examinations convert to computer based testing (CBT) no later than January 1, 2014, the Department will be faced with a substantial increase in costs for testing and scoring of the individual offender exams. To prepare for this upcoming event, the Department Division of Education (DOE) identified a strategic initiative to instill in Department facilities and classroom instructors the importance

of effectively preparing offenders to take the individual test batteries to effectively minimize testing costs.

The DOE sought to increase the rate of passing individual test batteries by 3%, from 85% to 88%. The DOE did not reach that objective, and actually the percentage decreased to 82%. The factors affecting this outcome include: 1) private correctional facilities dropped from 82% to 76% of individual test batteries passed. The DOE does not control private institutions' testing procedures; 2) many instructors still allow offender students with minimally passing pre-test scores to take the official test in an effort to encourage diploma completion prior to the CBT transition; and 3) ultimately, only the offenders, themselves, can improve the completion rate. Even adequate pre-testing and classroom preparation cannot guarantee how a student will perform on the actual test.

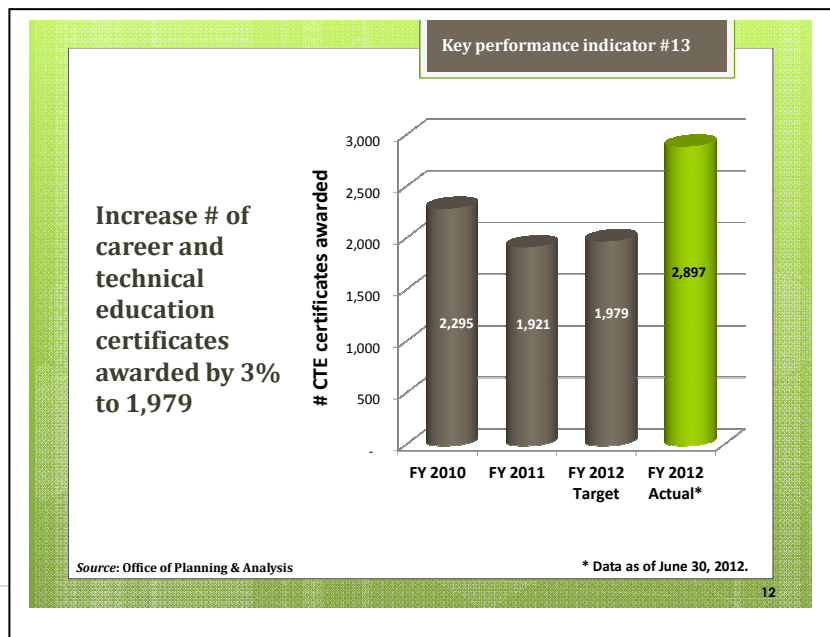The DOE will continue to work with Department facilities and instructors to strive for the desired goal. The Division will carefully monitor FY12-13 results so all affected personnel are aware that future testing cost increases will require altering current testing practices to ensure fiscal responsibility as well as offender success.

**Key performance indicator #12**

Increase % of GED individual test batteries passed by 3%

# tests passed

| FY 2010 | FY 2011 | FY 2012 Target | FY 2012* |
|---------|---------|----------------|----------|
| 82%     | 85%     | 88%            | 82%      |

*Source*: Division of Education

11
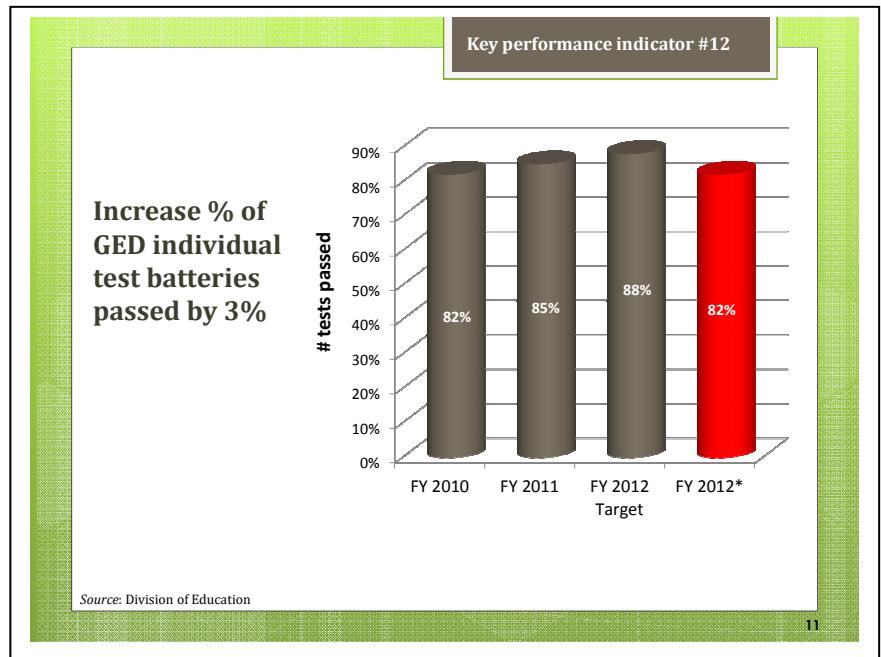
## Key Performance Indicator #13: Number of Offender Career and Technical Education Certificates (CTE)

The Department's Division of Education (DOE) identified a strategic initiative to increase career and technical education (CTE) completion certificates to support the agency's commitment to improve re-entry opportunities for releasing offenders. Due to a statutory change resulting from HB 10-1112, all CTE programs must be approved by the Colorado Community College System (CCCS) or must lead to an industry approved license or credential.

**Key performance indicator #13**

Increase # of career and technical education certificates awarded by 3% to 1,979

# CTE certificates awarded

| FY 2010 | FY 2011 | FY 2012 Target | FY 2012 Actual* |
|---------|---------|----------------|-----------------|
| 2,295   | 1,921   | 1,979          | 2,897           |

*Source*: Office of Planning & Analysis

\* Data as of June 30, 2012.

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Following passage of that legislation, the DOE reviewed all of its CTE programs and, in conjunction with the CCCS, made many changes to its existing programs. Many programs now take less time to complete, but offer more relevance to provide offenders "entry level marketable skills," as called for by the statute.

The larger than expected increase in certificates earned is, in large part, a result of full implementation of the revised curriculum during the past fiscal year. In addition, programs such as, Customer Service and Foundations of Career and Technical Education, have gained in popularity among offenders and resulted in increased numbers of completions. An increased emphasis among facility case management and instructional staff to keep offenders in educational programming until completion also played a major role in obtaining the higher number of CTE completions.
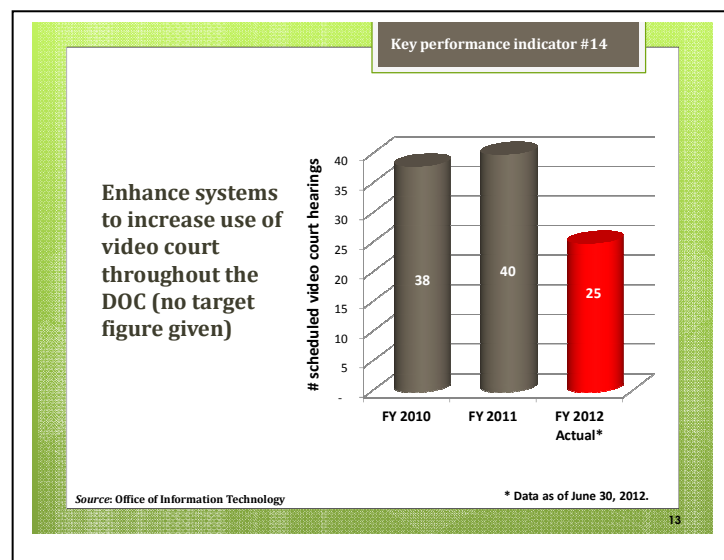
**Key Performance Indicator #14: Number of Video Court Appearances**

Through the strategic planning process, the Department identified several opportunities to enhance use of technology to facilitate operations and enhance public safety, including video court teleconferencing. The Department invested in technology to support video conferencing intended to improve efficiencies through reduced travel costs and to effectively achieve the Department's public safety mission.

In October 2011, Executive Director Clements signed an interdepartmental charter with the State Court Administrator, the Colorado State Public Defender, the Colorado District Attorney's Council Executive Director, and the Governor's Office of Information Technology Director to form a steering team charged to maximize the use of video court hearings for Department offenders, reduce the number of offenders off grounds for court appearances, enhance public safety, and reduce resource requirements associated with court appearances. The team completed its work and reported results February 1, 2012. Several challenges to expanding the video court process were identified and solutions were proposed. Subsequently, the Colorado Judicial Department sponsored a video court symposium in May 2012 and assumed the lead role to expand video court hearings throughout the Colorado court system. The Department will participate in this collaborative effort to further this strategic initiative.

In preparation for expanding the use of video conferencing, the Department held a Lean process improvement event to streamline the scheduling and data collection of video court hearings for Department offenders.

In FY12, work on this complex interdepartmental initiative was beneficial. However, the outcome measure to increase the number of video court hearings did not result in a positive increase this fiscal year.



Key performance indicator #14

Enhance systems to increase use of video court throughout the DOC (no target figure given)

# scheduled video court hearings

FY 2010: 38
FY 2011: 40
FY 2012 Actual*: 25

Source: Office of Information Technology

* Data as of June 30, 2012.

13

Nonetheless, the goal of increasing public safety by reducing offender movement outside secure facilities through video conferencing continues to be viable goal, and the Department will continue its video court initiative in collaboration with the Colorado Judicial Department's coalition.

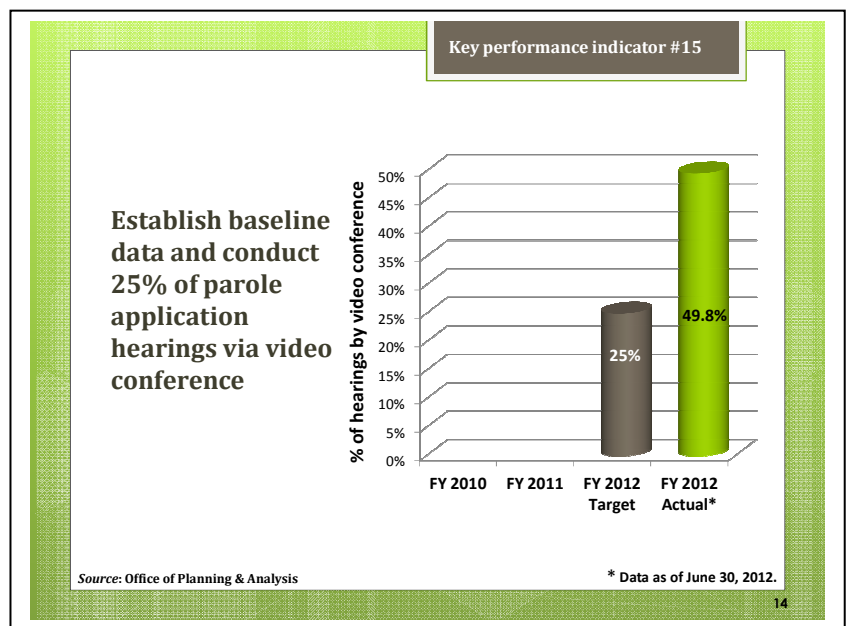**Key Performance Indicator #15: Parole Hearings by Video Conference**

The strategic initiative to increase the number of parole application hearings held by video conference included primary goals to: improve efficiencies of Parole Board members' time and reduce travel costs. Through effective use of video conferencing, Parole Board members have more time available to meet their mission to promote public safety, implement rules and regulations that govern the granting and revocation of parole, set terms of parole and release dates to ensure offenders receive fair and consistent treatment, as well as assist offenders toward community reintegration in accordance with state regulation.

A secondary goal of this initiative was to create a data tracking and reporting system to ensure accurate statistics for reporting purposes. A data tracking and reporting system was completed and put into production in November 2011. Statistics reported here are a product of that data tracking system.

Between January 1, 2012 and June 30, 2012, the Parole Board held 6,939 parole application hearings. Following is a breakdown:

- Video Conference: 49.8% (4,553)
- Phone Conference: 19.0% (1,731)
- File Review: 10.1% ( 923)
- Face-to-Face: 21.1% (1,931)

The Parole Board essentially doubled its target goal (25%) for videoconference application hearings with 49.8% by videoconference. In addition, it is important is to note that the overall breakdown of application hearings reveals only 21.1% required Parole Board member travel. 78.9% of all application hearings were completed by video, phone conference or file review.



Key performance indicator #15

Establish baseline data and conduct 25% of parole application hearings via video conference

Source: Office of Planning & Analysis

* Data as of June 30, 2012.

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**Key Performance Indicator #16: Reduce Staff Work-related Injuries**

This strategic objective tracked the three areas identified in the graph below (KPI #16) on a monthly basis.  This information was collated from the database maintained by the Department's Risk Management Unit and the worker compensation provider, Broadspire.  Safety is an ongoing priority to provide healthy, productive work environments. Additional trainings, such as Slips, Trips and Falls, have been made available to staff through on-line training.

Management is required to provide staff with the opportunity to appropriately report injuries. Failure to do so and to provide the subsequent treatment could lead to costly litigation.  Therefore, it is appropriate for staff to initiate work-related injury claims when applicable.



Key performance indicator #16

Reduce staff work-related injuries by 5%

# slips/falls — FY 2010: 173, FY 2011: 142, FY 2012: 135, FY 2012* Target: 164

# strike/struck — FY 2010: 210, FY 2011: 173, FY 2012: 164, FY 2012* Target: 149

# strains — FY 2010: 208, FY 2011: 195, FY 2012: 186, FY 2012* Target: 108

*Source*: **Human Resources**
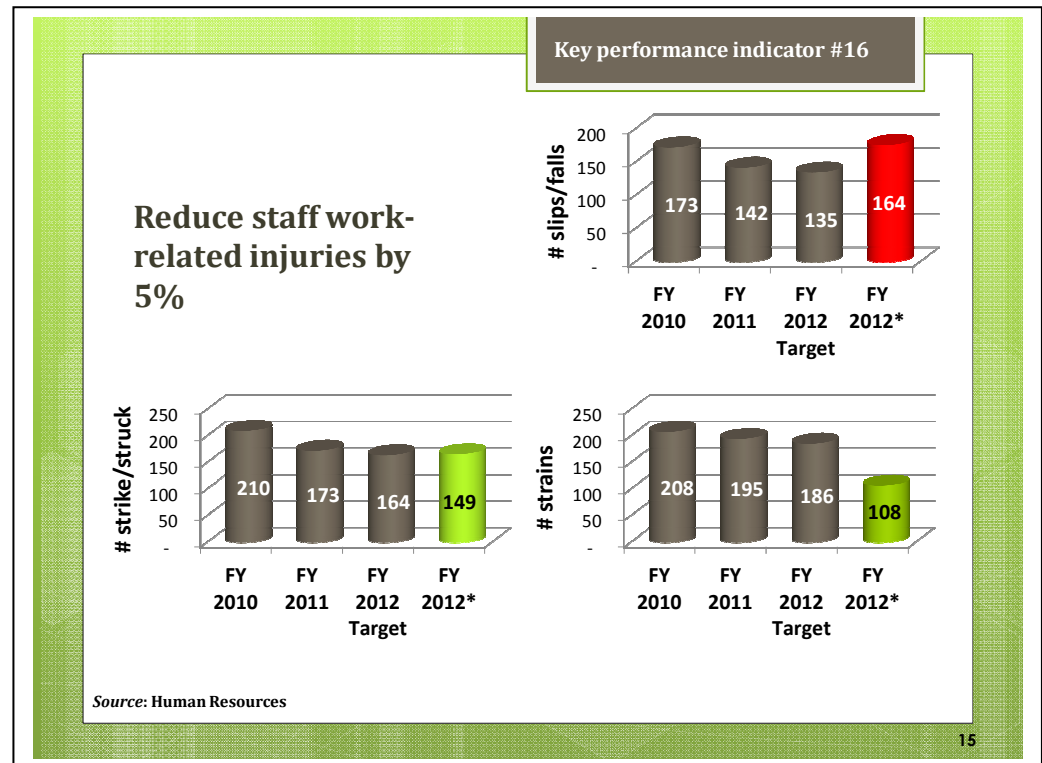
**Key Performance Indicator #17: Staff Turnover Rate**

In FY12, the staff turnover rate was 12%, 2% higher than our target metric. Employees resigning were asked to complete an exit interview which was reviewed by the Office of Human Resources and the respective Division Director, and issues were addressed as appropriate.  This information was shared with appointing authorities and supervisors through meetings and training in an effort to aid in a better understanding of why staff resigns.

*Source*: Human Resources                                    * Data as of June 30, 2012.
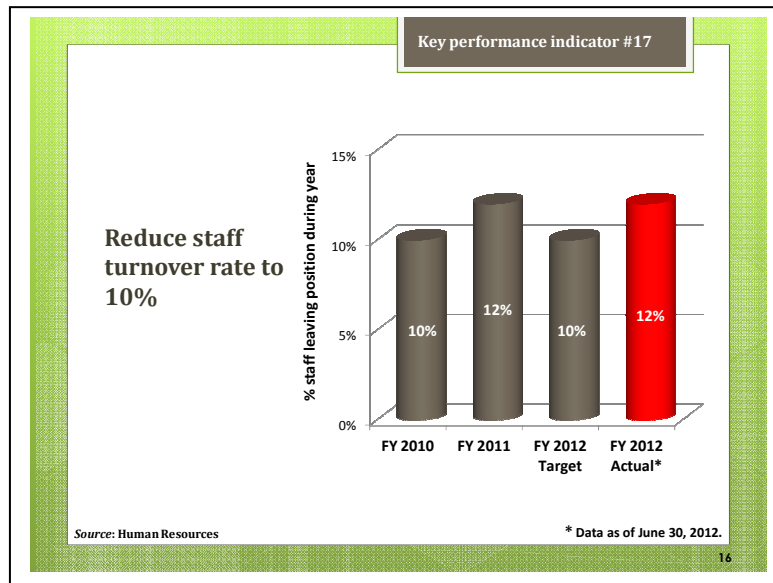
As an example of why staff resigns, the Denver Complex has encountered difficulties in retaining Correctional Officer I staff. Similar law enforcement agencies in the Denver Metro area pay a higher entry salary, to include the ability to receive annual cost of living adjustments. COI's have come to work for the Department to gain the required experience, and then resign once they have achieved the appropriate experience threshold. Comments from resigning employee, include concerns regarding long commutes, compensation, job security and separation from their families during their work week as reasons for resigning.

**Key Performance Indicator #18: American Correctional Association (ACA) Compliance Rate**

The American Correctional Association (ACA) standards are a comprehensive set of guidelines for operating correctional facilities and programs.  Achieving and maintaining these standards makes a clear, concise statement that the agency recognizes good practices and wants to improve and optimize performance. The Department identified a strategic objective to maintain the level of compliance of the ACA mandatory and non-mandatory standards from last calendar year.

The key performance measure indicates that the Department has maintained a compliance level of 99.2% for non-mandatory standards and 100% for mandatory standards.



*Source*: Accreditation Unit
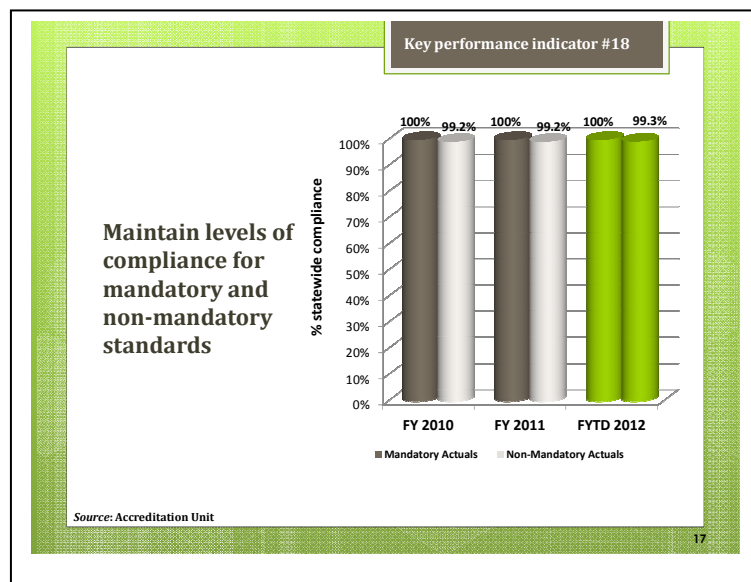
This strategic objective continues to be monitored through audits and policy updates. The internal auditing process recognizes good practices and areas to improve in order to optimize facility/office safety and efficiencies. The results of these audits have been incorporated into best practices throughout the Department and changes in Departmental policies.

Continuous monitoring of the outcome measures and significant incident summaries will aid in recognizing issues that need correcting. Quarterly accreditation manager meetings are conducted to ensure updates and issues are communicated on a regular basis. As issues arise, appropriate staff is consulted to determine the steps necessary for a favorable outcome. There is a plan of action for one statewide non-compliant standard that, when complete, will increase the overall compliance level for the Department.

**Key Performance Indicator #19: Procurement Card Violation Rate**

It is important to ensure Department employees holding state procurement cards (P-Cards) adhere to spending policies. Approximately 44,000 purchases made by Department staff are micro purchases by P-Card, totaling approximately 14.7 million dollars. To maintain sound internal controls over this program, the Department implemented the following measures:
- Provide regular refresher training to employees to ensure they understand policies on card usage.
- Continue to audit 50% or more of the cardholders to test compliance with policies.
- Address cardholder violations for non-compliance by memo.
- Solicit feedback about the program to respond to customer issues and needs.

The rate of P-Card violations for the Department is quite low, and errors are addressed and remedied quickly to remain compliant with regulations and assure sound fiscal practices. In FY12, the rate of violations increased slightly over FY11, primarily due to a card conversion from one provider bank to another.

Routine, periodic P-Card training sessions were temporarily suspended during the conversion (approximately May 2011 - April 2012). The small increase in P-Card violations resulting from the bank conversion is considered an anomaly and is not expected to recur
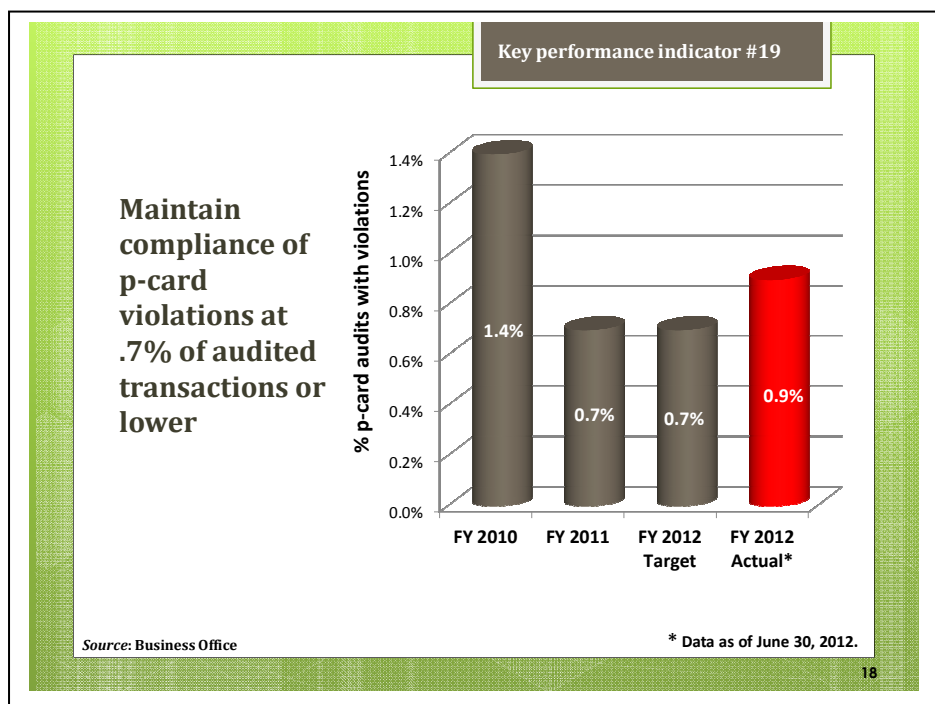


Key performance indicator #19

Maintain compliance of p-card violations at .7% of audited transactions or lower

% p-card audits with violations

FY 2010: 1.4%
FY 2011: 0.7%
FY 2012 Target: 0.7%
FY 2012 Actual*: 0.9%

*Source*: Business Office

\* Data as of June 30, 2012.

18
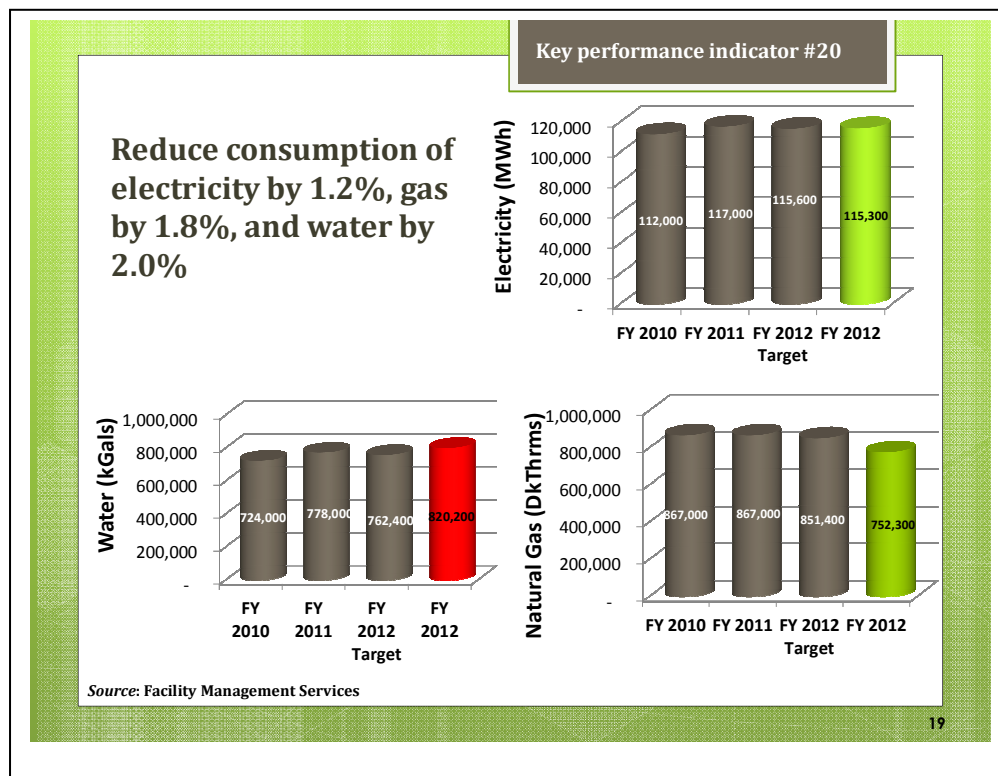
The Department identified a strategic initiative to reduce consumption of electricity by 1.2%, reduce gas by 1.8%, and reduce potable water by 10.0% in five years with a FY12 goal of reducing water use by 2%. The Department is reaching these goals and in doing so has reinforced and ensured safe and secure operations of the Colorado correctional facilities.

Consequent to implementation of this strategic initiative, the target reduction in consumption of electricity has been achieved in FY12 through the implementation of energy performance contract measures and energy efficiency retrofits. The Department's key performance metrics reveal favorable outcomes as a result. The key performance metric to decrease the consumption of electricity by 1.2% in FY12, was exceeded, with a final measure of 1.8% statewide.

The key performance metric for reduction in consumption of gas has been achieved in FY12 through implementation of energy performance contract measures. The Department's key performance metrics reveal favorable outcomes as a result. The key performance metric to decrease the consumption of gas by 1.2% in FY12 was exceeded with a final reduction measure of 13% statewide.

The target reduction in consumption of potable invoiced (municipal) water was not achieved in FY12 (refer to KPI graph #20). However, the actual total potable water (invoiced-municipal and non-invoiced-well) consumption statewide decreased 1.77%.

**Total Potable Water (Non-Invoiced + Invoiced)**

Bar chart showing Total Potable Water (k-Gal): FY2010 845,800; FY2011 904,500; FY2012 Target 886,400; FY2012 888,500.

Bar chart showing Potable Well (non-invoiced) Water (k-Gal): FY2010 121,800; FY2011 126,500; FY2012 Target 108,400; FY2012 68,300.
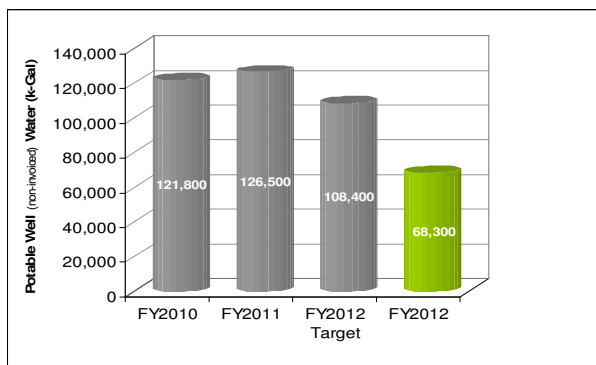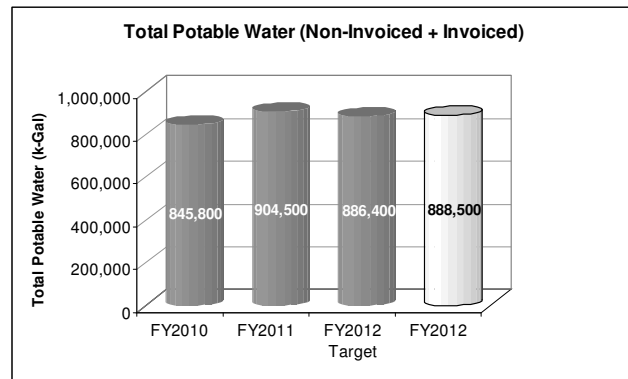
When the FY10-11 base calculations for potable water were established only data for invoiced (municipal) water was available. Superior data since that time has enabled more accurate baseline measurements combining potable invoiced (municipal) water, and potable non-invoiced water (well).

A significant increase in programs at the East Cañon City Prison Complex (ECCPC) has added to the total consumption of potable water by the Department in FY12. This additional consumption will be added to the baseline when a new baseline is established in the future.

The programs added are:
1. Water buffalo herd and milking operation created at ECCPC.
2. Pro rodeo bull herd operation created at ECCPC.
3. Wild horse herd operation increased at ECCPC.
4. Donkey herd operation created ECCPC.
5. Wastewater pretreatment facilities at ECCPC.
6. Landscaping additions at Trinidad Correctional Facility.

The Department is working with Siemens Corporation on an energy performance contract to substantially reduce potable water use by substituting non-potable water for industrial and agricultural uses.

The Department remains committed to implementing innovative solutions in energy efficiency to increase the safety of staff, offenders and the public. The strategic objective will be fully achieved by the end of FY15, and in the interim, many new initiatives will be implemented to reinforce the vision for energy efficiency in the Department.

**Key Performance Indicator #22: Sex Offender Treatment Participation**

The Sex Offender Treatment and Monitoring Program (SOTMP) was not able to achieve the target metric for this key indicator in FY12.

Despite efforts throughout the fiscal year to hire sex offender treatment staff, sex offender treatment staff recruitment and retention efforts remain challenging, and affect the Department's ability to provide treatment for eligible offenders.
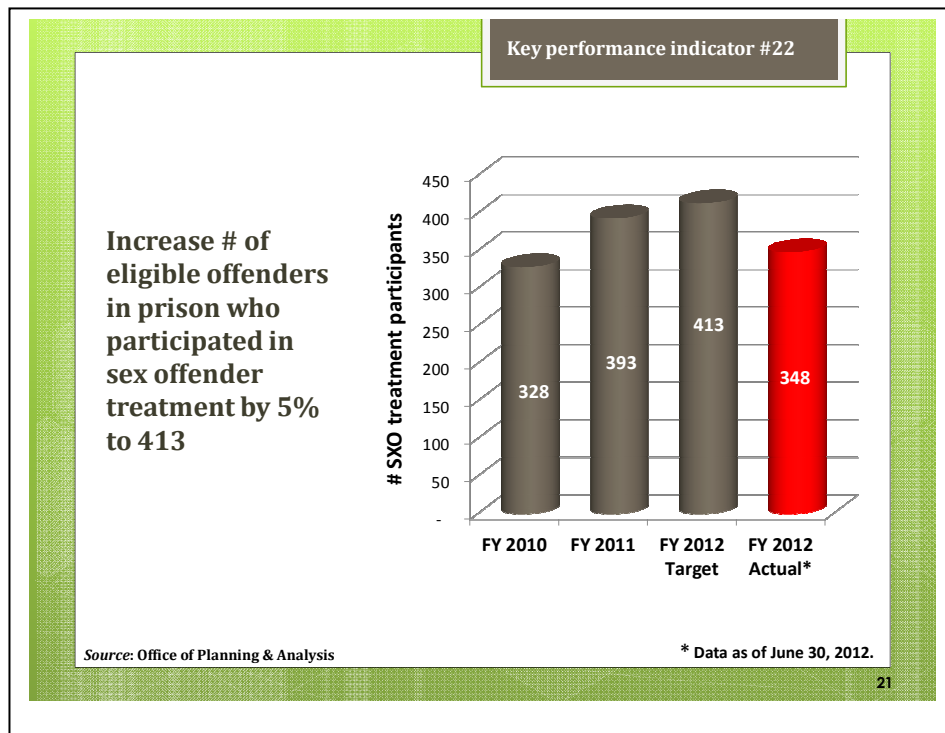


The Department was able to hire two sex offender treatment staff in September 2012. However, the shortage of sex offender treatment staff state-wide impacts the Department's ability to fill these positions essential to the delivery of sex offender treatment to eligible offenders.

Working with Human Resources, Clinical Services is evaluating ways to improve recruitment through social media and other avenues. One of the challenges with retaining staff is dealing with the litigious nature of sex offenders. Sex offenders increased the number of complaints filed to Department of Regulatory Agencies especially, the Mental Health Licensing Boards. The Department conducted two presentations for these boards to inform board members regarding Department policy and procedures, and the delivery of health care services. Included in the presentation was information about our quality assurance program and grievance system. There are two more presentations scheduled for the different mental health boards in the coming months.

The program study funded during the 2012 legislative session has begun and will conclude with a written report due to the Joint Budget Committee in February 2013. Central Coast Forensic and Psychology Services (CCFPS) was selected and has an aggressive plan to complete the evaluation. CCFPS has already interviewed several offenders and staff. We look forward to the valuable insight that this evaluation will provide the Department to improve the delivery of sex offender treatment services.

## Key Performance Indicator #23: Parolees Employed

The Department recognizes that this KPI does not provide the most accurate description of the parolee population's employment status nor their employability. There are two key factors that are missing from this indicator, 1) those of whom are disabled and unable to work and 2) those who may be participating in a training or education program to improve their employability.

Key performance indicator #23

Increase % of regular parolees employed to 64% and ISP parolees to 46%

% reg parolees employed

| FY 2010 | FY 2011 | FY 2012 Target | FY 2012 Actual* |
|---------|---------|----------------|------------------|
| 56%     | 62%     | 64%            | 60%              |

% ISP parolees employed

| FY 2010 | FY 2011 | FY 2012 Target | FY 2012 Actual* |
|---------|---------|----------------|------------------|
| 53%     | 44%     | 46%            | 43%              |

* Data as of June 30, 2012.

*Source*: Office of Planning & Analysis

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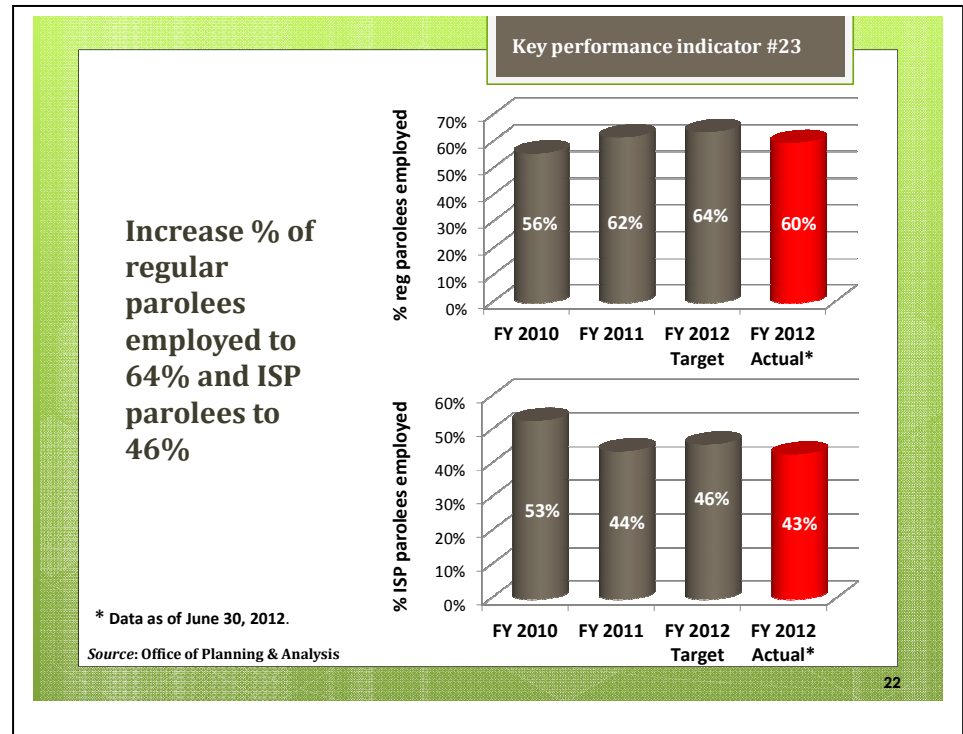
Because these two factors are not currently captured by the Department, this measurement is fundamentally flawed and thus produces results that are inherently lower than the true employed population.

Due to the concerns surrounding the validity of this data, the Department began exploring various ways to improve the quality of the data that is captured. The Department contacted a number of other state Departments of correction and parole services to survey what other states are utilizing to report out similar data, and what methods they use to both collect and verify those data points. The Department discussed data collection points with Colorado Department of Labor and Employment (CDLE) statistical office and has explored how CDLE utilizes unemployment insurance statistics for reporting measures to U.S. Department of Labor. The Department also reviewed the reporting requirements published by the U.S. Department of Labor around tracking a) date employed, b) retention, and c) wages.  Based upon the many findings of these various efforts and the need to be able to both verify and validate the employment data that is being collected, the Department continues to work on developing the best method for capturing this key performance indictor so that it is more reflective of the parolee population's employment status and also the parolee population's employability (disabled and/or student status).

## Key Performance Indicator #24: Reduce Recidivism

Recidivism is measured on a 3-year cycle, meaning it takes three years after release and not returning to prison, before one is deemed not to have recidivated.  Recidivism reduction is an overarching goal of sound correctional management focused on positive offender outcomes. Reduced recidivism means less crime, fewer victims, more productive citizenry and lower tax payer cost.  However, it is an outcome

measure affected by diverse elements. Nonetheless, it is a necessary goal to pursue, and many strategic initiatives of the Department are designed to affect this overarching metric.

In the spring of 2011, the Department embarked on many focused initiatives which are published in the Department's 2012-2013 Strategic Plan.  Strategic objectives such as, teaching meaningful employment skills to offenders through employment in Colorado Correctional Industries, increasing GED test completions and career and technical certificates to improve knowledge and employability, implementing evidence-based practices in parole supervision and offender programs, reducing homelessness, enhancing pre-parole education, increasing the number of offenders with State IDs upon release, standardizing parole decision-making, all contribute to positive offender outcomes and reduced recidivism.

Outcome measures such as recidivism require a long-term commitment, in part, because recidivism is measured over a three year period following release. In addition, some initiatives published in the 2012-2013 Strategic Plan will take up to three years to implement. Therefore, the positive impact of the Department's strategic initiatives will be realized gradually, over time.

The Department is committed to increasing offender success causing the recidivism rate to be reduced by 10% in three years. The Department will pursue this laudable goal through the on-going implementation of our strategic initiatives and monitoring of our performance.



Key performance indicator #24

**Reduce recidivism rate by 10% over 3 years**

Source: Office of Planning & Analysis

23
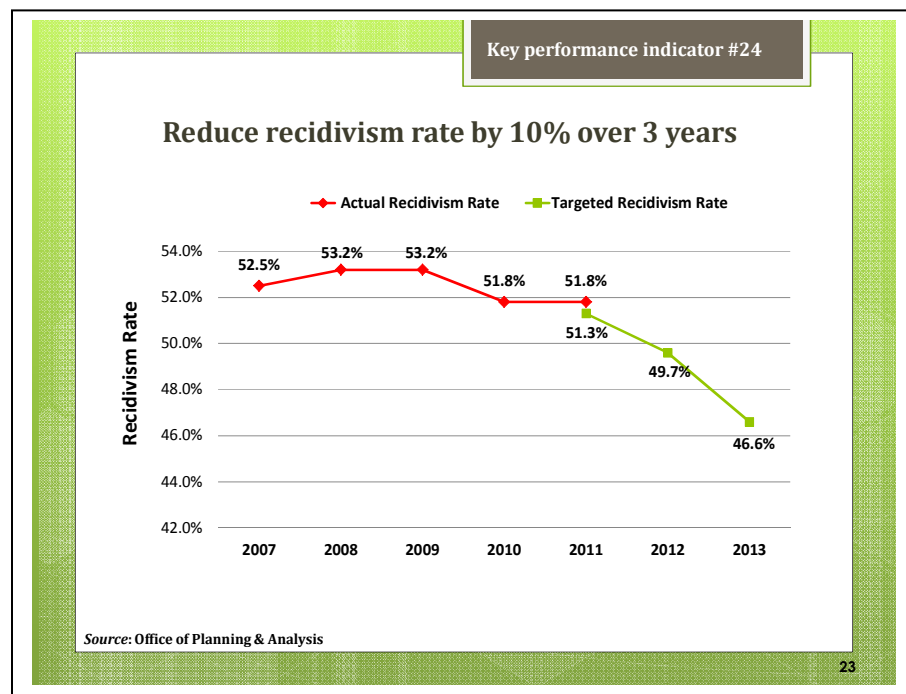
## 2013-2014 Strategic Operational Plan

Annually, the Department holds a planning session to assess achievements, evaluate trends, validate on-going strategic initiatives and identify additional performance goals to address new and emerging issues. In this Strategic Operational Plan are Department-wide performance goals (formerly identified as strategic objectives) to include, short and long-range initiatives.

The Governor's Office of State Planning and Budget (OSPB) is shifting the state's planning efforts to align with recent state efforts toward more customer-focused performance management and Lean process improvement. *Strategic Operational Planning* will focus Department efforts to improve processes with the greatest direct impact to customers and constituents. This planning methodology will improve processes to the greatest extent possible within existing appropriations and identify processes that continue to fall short of performance goals even after targeted improvement efforts.

The strategic operational plan will achieve two important goals:
1) Reform the planning process to focus on the Department's day-to-day operations.
2) Match performance goals reported to constituents that match with managerial goals and daily work.

In line with the strategic operational planning model, the Department identified fourteen major program areas and their corresponding critical, high level processes. Performance goals and outcome measures are detailed within major program areas and align with the processes of the major program area.[4]

As noted in the November 1, 2012 strategic plan, this is the revised plan in accordance with OSPB guidance to add input and output measures to each process within the fourteen (14) major program areas to reflect the use of resources (inputs) and the product or service resulting from the process (outputs).

What follows is the Department's 2013-2014 Strategic Operational Plan by major program area. Per instructions from OSPB, Department performance goals were not substantially adjusted to meet new guidance on operational planning for the 2013-2014 strategic plan. The Department performance goals and outcome measures (formerly known as key performance indicators, KPI) are a reflection of the Department's on-going initiatives, as well as new initiatives established at the 2012 spring strategic planning session. Therefore, some major program areas, identified by the strategic operational planning model, do not have specific performance goals and/or outcome measures.

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[4] Appendix B, Summary Table of Performance Goals by Major Program Area, provides a quick reference to locate Department performance goals within the fourteen major program areas of the Department Strategic Operational Plan.

| MAJOR PROGRAM | HOUSING AND SECURITY | | |
|---|---|---|---|
| | INPUT MEASURE* | PROCESS | OUTPUT MEASURE* |
| **PROCESS MEASURES** | Number of new admissions. **9,116** | Effectively assess the risk/needs of the offenders; classify offenders, identify program needs and determine appropriate placement. | Number of Level of Service Inventory (LSI) assessments completed. **6,988** |
| | Denver Reception and Diagnostic Center (DRDC) operating budget.** **$159,018** | | |
| | Staff resources DRDC intake staff - 100% job duties.** **37.0 FTE** | | Number of initial classifications completed. **6183** |
| | Staff resources.** **$2,508,603 Salaries** | | |
| | Staff resources central classification (100% of job duties).** **10.0 FTE** | | Number of facility placement decisions. **18,916** |
| | Staff resources central classification. **$851,895 Salaries** | | Number of executive assignment orders (EAOs). **26,372** |
| | Staff resources case management (100% of job duties). **196.6 FTE** | | Number of Reclassifications completed. **44,881** |
| | Staff resources case management. **$15,414,247 Salaries** | | Number of classification overrides authorized. **3858 (8.6%)** |
| | Number of offenders in a state facility as of June 30, 2012. **14,118** | | Number of offenders assigned to programs. *** **15,274** |
| | Private Prison Monitoring Unit (PPMU) - 100% of job duties.** **13.3 FTE** | Management of Colorado offenders in private prison facilities. | Average daily population of offenders managed in private facilities. **4,183** |

| | HOUSING AND SECURITY | | |
|---|---|---|---|
| | INPUT MEASURE* | PROCESS | OUTPUT MEASURE* |
| **PROCESS MEASURES** | Private Prison Monitoring Unit (PPMU).** <br> **$1,019,544 Salaries** | Management of Colorado offenders in private prison facilities. | |
| | External capacity budget.** <br> **$89,516,105** | | |
| | Custody control staff.** <br> ('100% of job duties) <br> **3,395 FTE** | Provide appropriate security measures to ensure the safety of offenders, staff, and the public. | Number of security audits (SA) and vulnerability assessments (VA). <br> **6 VA and 19 SA** |
| | | | Number of random drug tests administered. <br> **10,425** |
| | | | Number of code of penal discipline convictions. <br> **Class I = 2524; Class II = 1240; Class III 80** |
| | Operating budget. <br> **$1,807,249** | | Number of incident alert drills completed. <br> **227** |
| | | | Number of security monitoring exercises completed. <br> **1007** |
| | | | Number of searches completed. <br> **Cell searches = 145,206** <br> **Common area searches = 209,958** |

| | | Baseline FY12 | Target FY13 |
|---|---|---|---|
| **OUTCOME MEASURES** | **A.** Reduce the number of escapes from secure confinement to zero. | 1 | 0 |
| | **B.** Increase the number of video court hearings by 100%. | 25 | 50 |
| | **C.** Reduce the number of Step III grievances by 2%. | 3,435 | 3,366 |

| | HOUSING AND SECURITY |
|---|---|
| **PERFORMANCE GOALS** | **1. Develop a comprehensive bed plan by June 30, 2013.** |
| |    a) Cooperate with the legislatively funded prison utilization study. Recommendations will be addressed in next FY strategic plan. |
| |    b) Collaborate with classification study team to implement NIC recommendations (objective #3 below). |
| | **2. Reduce offender transports to improve public, staff, and offender safety by December 31, 2012.** |
| |    a) Conduct a system-wide assessment of transportation routes, offender movement, program and operations. |
| |    b) Establish a multi-department committee to oversee the transportation system. |
| |    c) Recommend improvements to the transportation system and implement approved recommendations. |
| | **3. Revalidate and begin implementation of the revised classification tool by February 27, 2013.** |
| |    a) Conduct an NIC sponsored independent study of the Department classification system--complete. |
| |    b) Develop and pilot a new male offender classification instrument. |
| |    c) Prepare policy and train staff on the new classification instrument. |
| | **4. Reduce the number of Step III grievances to reduce costs and improve facility operations by November 30, 2012.** |
| |    a) Centralize review of grievance information and tracking--complete. |
| |    b) Establish standardized training for management and facility grievance coordinators. |
| |    c) Assess data at the facility level for trends, and follow up--complete. |
| |    d) Revise administrative regulations to comply with above actions. |
| | **5. Colorado Transitional Accountability Plan (CTAP): The department will implement a seamless case management plan that will guide the offender's progress from incarceration to successful discharge of supervision by October 1, 2014.** |
| |    a) Conduct comprehensive evaluation of case manager function to streamline job duties. |
| |    b) Research automated case management systems and solicit vendor bids; assess vendor systems and select. |
| |    c) Collaborate with OIT to implement the case management system. |
| |    d) Create project teams to facilitate policy development, staff training and case management system implementation. |
| |    e) Collaborate with the Corrections Training Academy to prepare and offer integrated case management training for the Department. |
| | **6. Enhance cost effective housing and programming for the aging offender population by December 31, 2014.** |
| |    a) Develop assessment codes for elderly offenders. |
| |    b) Identify facility housing centrally located to meet population needs, and age-appropriate programming. |
| |    c) Develop and implement training for staff around this population. |
| |    d) Pursue contracts agreements and partnerships with external entities regarding community placement. |

| | HOUSING AND SECURITY |
|---|---|
| **PERFORMANCE GOALS** | **7. Develop a data collection system to capture the number of offenders releasing from prison with State IDs by June 30, 2013.** |
| | a) Program an information technology solution to identify offender ID status at intake and discharge. |
| | b) Capture and store offender IDs for issuance at release. |
| | c) Work with parole staff to document ID status at release, and to capture and store IDs upon arrest. |
| | d) Educate staff on new procedures. |

*All Data is FY12 unless otherwise stated.

**FY12/13 Long Bill.

***Figure may be overstated as many offenders are assigned to more than one program and/or work assignments.

| MAJOR PROGRAM | OFFENDER PROGRAMS | | |
|---|---|---|---|
| | INPUT MEASURE* | PROCESS | OUTPUT MEASURE* |
| **PROCESS MEASURES** | Number of offenders without a high school (HS) diploma or GED who are required by administrative regulation (AR-500-1) to attend adult basic education classes as of 6/30/12.<br>**4,680**<br><br>Number of offenders enrolled in GED courses.<br>**8,323**<br><br>Number of academic instructors.**<br>**57.7**<br><br>Academic instructor salaries.**<br>**$4,105,534** | Assess, refer and deliver classes to facilitate offenders attaining a GED. | Number of GED individual tests passed.<br>**5,550** |
| | Number of offenders who have completed HS or GED, and are referred for Career and Technical Education (CTE) for an "entry level marketable skill" (CRS 17.32.105) job field as of 6/30/12.<br>**6,697**<br><br>Number of offender enrollments in CTE courses.<br>**4,561**<br><br>Number of instructors.**<br>**66.1**<br><br>Instructor salaries.**<br>**$4,811,801** | Assess, refer and deliver classes to facilitate post-high school/GED offenders attaining entry level marketable skills through career and technical education. | Career and technical education certificates awarded will remain constant from previous year.<br>**2,897** |

| | OFFENDER PROGRAMS | | |
|---|---|---|---|
| | INPUT MEASURE* | PROCESS | OUTPUT MEASURE* |
| **PROCESS MEASURES** | Number of offenders who have completed career and technical education (CTE) programs and enroll in Dept. of Labor apprenticeships as of June 30, 2012. **275** | Assess, refer and deliver classes to facilitate post-CTE supervision of on-the-job (OJT) skills. | Number of DOL apprenticeship programs certificates awarded. **51** |
| | Number of offenders who are enrolled in Cognitive Education courses. **1,006** | Assess, refer and deliver cognitive education courses to appropriate offenders. | Number of cognitive education courses completed. **417** |
| | Number of instructors.** **11** | | |
| | Instructor salaries.** **$783,442** | | |
| | Number of volunteer applications received. **1,343** | Delivering volunteer programs to offenders. | Number of volunteer background checks completed. **1,343** |
| | Number of volunteers. **1,252** | | Number of basic and update volunteer training class conducted. **90** |
| | Number of approved volunteer programs. **172** | | Number of volunteer hours delivering programs to offenders. **46,888** |
| | Number of offenders in state facilities as of 6/30/12. **14,118** | | Number of offenders attending volunteer programs.*** **92,846** |
| | Number of staff (FTEs) to manage the volunteer program.** **8** | | |

| | OFFENDER PROGRAMS | | |
|---|---|---|---|
| | | **Baseline FY12** | **Target FY13** |
| **OUTCOME MEASURES** | **D.** Increase by 5, the number of academic volunteers by June 30, 2013. | 3 | 8 |
| | **E.** GED diplomas awarded will remain constant from previous year. | 1,122 diplomas | 1,122 diplomas |
| **PERFORMANCE GOALS** | **8. Program Consistency: Assess and improve master program schedule by June 30, 2013.** | | |
| | a) Assess listing of programs offered by DOC and implement program evaluations in accord with evidence-based practices--completed. | | |
| | b) Implement plan for comparable programs at comparable custody level facilities. | | |
| | c) Implement a plan to align facility programs with corresponding program for released offenders. | | |
| | d) Write policy governing MPS to track offender programs. | | |
| | e) Implement new volunteer programs with emphasis on recruiting education volunteers. | | |

*All measures are FY12 unless otherwise specified.

**FY12/13 Long Bill.

| MAJOR PROGRAM | MEDICAL / DENTAL | | |
|---|---|---|---|
| | INPUT MEASURE* | PROCESS | OUTPUT MEASURE* |
| PROCESS MEASURES | Pharmaceutical operational budget $65.00/per offender per month.** **14,595 offenders ($11,384,100)** | Pharmaceuticals: Provide prescription medicine to offenders housed in state facilities. | Pharmaceuticals: Number of formulary drugs dispensed. **273,364** |
| | Pharmaceuticals: Number of prescribers as of June 30, 2012. **89** | | Pharmaceuticals: Number of non-formulary drugs dispensed. **38,142** |
| | Pharmaceuticals: Number of pharmacy staff as of June 30, 2012. **11** | | |
| | Pharmaceuticals: Number of nursing staff as of June 30, 2012. **258** | | |
| | Chronic care: Number of offenders with chronic illnesses. **5,380** | Chronic care: Provide chronic care to offenders. | Chronic care: Number of specialty clinic appointments completed (related to chronic illness). **5,878** |
| | Chronic care: Number of chronic care appointments scheduled. **11,978** | | |
| | Catastrophic care costs. **$11,272,000** (External medical cost budget $29.9 million)** | | Number of telemedicine appointments completed. **186** |
| | Number of offenders with catastrophic illness. **64** | | |

| MEDICAL / DENTAL | | |
|---|---|---|
| | **Baseline FY12** | **Target FY13** |
| **OUTCOME MEASURES** **F.** Reduce medical transports, the number of specialty appointments completed off site, to community hospitals/clinics by 25%. | 7,670 | 5,752 |
| **G.** Reduce outside ambulatory surgical expenditures by 25%. | $184,870 | $138,652 |

| | |
|---|---|
| **PERFORMANCE GOALS** | **9. Implement offender transportation efficiencies: Implement ambulatory surgical unit (ASU) within the Denver Reception and Diagnostic Center by June 30, 2013.** |
| | a) Complete ASU construction contract. |
| | b) Contract ambulatory surgical services. |
| | c) Coordinate logistics for transport, housing and treatment of eligible offenders for ASU services. |
| | d) Track data relevant to outcome measures. |
| | **10. Obtain Medicaid reimbursement for eligible offenders effective with the new Affordable Health Care Act (AHCA) by December 31, 2013.** |
| | a) Formulate procedures to meet requirements of AHCA. |
| | b) Prepare plan for offenders to obtain Medicaid coverage when paroled or discharged. |
| | c) Ensure information technology systems are able to capture new process and capture outcome measure. |
| | d) Obtain approval for DOC as a Medicaid application site. |

*All measures are FY12 unless otherwise indicated.
**FY12/13 Long Bill.

| MAJOR PROGRAM | BEHAVIORAL HEALTH | | |
|---|---|---|---|
| | INPUT MEASURES* | PROCESS | OUTPUT MEASURE* |
| **PROCESS MEASURES** | Alcohol and Drug operating budget. **$117,316** | Provide addiction treatment and assessment services to offenders. | Number of successful treatment completions. **1,470** |
| | Drug and alcohol number of staff. **81.5** | | |
| | Personal services funding. **$5,530,547** | | |
| | Number of offenders who require addiction treatment and assessment, excluding YOS offenders. **23,346** | | Number of assessments completed. **4,085** |
| | Resources to open additional treatment programs effective FY 12/13. **22 new staff;  $1,160,704** | | |
| | Number of eligible offenders on the wait list for sex offender treatment. **1,734** | Provide sex offender treatment and assessment services to offenders. | Number of treatment completions. **Phase 1 - 139** **Phase II - 110** |
| | Number of offenders in state and private facilities as of 6/30/12. **18,062** | Provide mental health treatment and assessment services to offenders. | Number of offenders with Psychiatric Codes P3,4,5 receiving in mental health treatment to include group, individual and psychiatric as of 6/30/12. **6,804** |

| | | Baseline FY12 | Target FY13 |
|---|---|---|---|
| | **BEHAVIORAL HEALTH** | | |
| **OUTCOME MEASURES** | **H.** Increase number of eligible sex offenders in prison who participate in sex offender treatment by 5%. | 393** | 413 |
| | **I.** Increase by 200, the number of alcohol and drug therapeutic community beds for male offenders housed in Level III facilities. | 0 | 200 |
| | **J.** Decrease the percent of offenders coded P3, 4, and 5 with Not-otherwise specified (N) and Temporary (T) qualifiers by 10% through accurate application of policy on mental health classification.*** | 15.60% | 14.04% |
| | **K.** Implement in-reach transition appointments for at least 25% of high-risk (P3's with a qualifier of Chronic (C) and Organic (O), P4's and P5's) mentally ill offenders within 90 days of release to parole. | 0 | 49 |
| | **L.** Increase the number of Certified Addiction Counselors (CAC) levels II and III and Health Care Service Trainees by 20%. | 81.5 | 98 |
| **PERFORMANCE GOALS** | **11. Open three therapeutic communities for alcohol and drug for male offenders housed in level III facilities (Limon, Buena Vista and Fremont) by April 30, 2013.** | | |
| | a) Advertise and fill positions. | | |
| | b) Identify and prepare therapeutic living units at specified facilities. | | |
| | c) Implement TC immersion training for new staff. | | |
| | d) Move offenders into newly established TC programs. | | |
| | **12. Increase the number of eligible offenders receiving sex offender treatment services by June 30, 2013.** | | |
| | a) Identify new strategies to recruit treatment staff and fill positions. | | |
| | b) Improve retention strategies. | | |
| | c) Contract for legislatively mandated sex offender study. | | |
| | d) Assess and implement sex offender study recommendations as approved by DOC Executive Staff. | | |
| | **13. Improve continuity of health are of high-risk (Psychology (P) code 3 with a qualifier of Chronic and Organic, P4s and P5s) mentally ill offenders by December 31, 2013.** | | |
| | a) Collaborate with community mental health clinics to identify those willing to establish teleconference in-reach services for this population. | | |
| | b) Establish a pilot program to provide in-reach services to high-risk mentally ill offenders release within 90 days of release on parole to the Denver area. | | |

| | BEHAVIORAL HEALTH |
|---|---|
| **PERFORMANCE GOALS** | **14.  Improve behavioral health services for offenders by June 30, 2014.** |
| | a) Assess and improve the psychology code system for P3-5 for consistency with community qualifying diagnosis for mental health center services; revise policy and implement changes. |
| | b) Evaluate and improve the special needs unit (SNU) system to ensure appropriate level of care and supervision for "offenders with mental illness" (OMI). |
| | c) Complete a quality review of offender suicide attempts to assess and improve physical plant changes and staff interventions to reduce suicide attempts and self-injurious behavior. |
| | **15.  Expand therapeutic communities drug programs within appropriated funds through increasing (CAC) certified drug and alcohol addiction counselors by December 31, 2013.** |
| | a) Partner with the Colorado community college system to provide on-line training to eligible staff to gain CAC certification. |
| | b) Use in-house expertise to train and mentor CAC staff. |

*All measures are FY12 unless otherwise indicated.
**FY11 baseline measure.
***Excludes YOS offender population.

| MAJOR PROGRAM | PAROLE | | |
|---|---|---|---|
| | INPUT MEASURE* | PROCESS | OUTPUT MEASURE* |
| **PROCESS MEASURES** | Number of parolees; average daily population (ADP). **8,115** (minus out of state and absconds) Intensive Supervision Parole Parolee (ISPP)+Parole<br><br>Number of Community Parole staff full time equivalent (FTE).** **214.90**<br><br>Community Parole staff salaries.** **$14,099,602**<br><br>80% of CWISE (parole database) contract dollars.** **$1,343,521**<br><br>Operating expenses.** **$1,496,185** | Input Measures listed (left) apply to all process listed below for the major program area, Parole. | |
| | | Assess parolees' risks and needs. | Number of Parolee LSI assessments completed. **17,757** Parole+ISPP |
| | | | Number of CPOs trained in introductory motivational interviewing. **277** |
| | | | Number of Community Parole Officers (CPOs) trained to do LSI assessments. **254** |
| | Funding for ISP programs.** **$1,200,000** | Supervise parolees to comply with terms and conditions. | Number of drug tests administered. **174,968** Parole+ISPP |

| | PAROLE | | |
|---|---|---|---|
| | INPUT MEASURE* | PROCESS | OUTPUT MEASURE* |
| **PROCESS MEASURES** | Funding for electronic monitoring.** **$1,150,000** | Respond to parolee violations. | Number of Colorado Violation Decision-making Process (CVDMPs) completed. **26,587** |
| | | | Number of CVDMPS by most severe violation. **Type1A=1280; TYPE 1B=1,074, Type2=1,017; Type3=8,793, Type4=14,376; 47 are blank** |
| | | | Number of technical parole violators returned to DOC. **3,248** |
| | | | Number of revocation hearings. **4,075** |
| | Funding for housing.** **$800,000** | Refer offenders to appropriate support services. | Number of offenders receiving support services. **Approved Treatment Providers (ATP) 2,686; Treatment Accountability for Safer Communities (TASC) 8,459** |
| | Funding for assessments, monitoring and treatment.** **ATP $840,000; TASC $1,900,000** | | Number of offenders served through ISP programs. **1,292 ISPP ADP (average daily population)** |
| | Funding for psychotropic medications.** **$568,750** | | |

| | PAROLE | | |
|---|---|---|---|
| | | Baseline FY12 | Baseline FY13 |
| **OUTCOME MEASURES** | **M.** Parole supervision outcomes: The technical parole revocation rate was reduced by 3% from 37% to 34% in FY12. In FY13, reduce the technical parole revocation rate by an additional 0.05%. | 34% | 33.95% |
| | **N.** New crime revocations: Reduce by 0.1%, from 9.0% to 8.9% the rate of new crime revocations. | 9.00% | 8.90% |
| **PERFORMANCE GOALS** | **16. Increase evidence-based practices in parole supervision by December 31, 2013.** | | |
| | a) Evaluate existing programs for evidence-based practices (EBP) and identify new EBP programs. | | |
| | b) Continue Motivational Interviewing skill building | | |
| | c) Reduce electronic monitoring on low risk Intensive Supervision Parole (ISP) cases. | | |
| | d) Implement a quality assurance program: one person/one project concept. | | |
| | e) Restructure initial office visit (IOV) process. | | |
| | f) Expand cognitive restructuring programs. | | |
| | **17. Implement Colorado Violation Decision Making Process (CVDMP) by June 30, 2013.** | | |
| | a) Evaluate, test, train staff and implement a standardized violation decision-making tool for parole and intensive supervision parole populations. | | |
| | b) Automate parole revocation process in collaboration with the parole board and Governor's office of information technology. | | |
| | c) Develop a CVDMP for all community corrections inmates. | | |
| | d) Implement CVDMP with Youthful Offender Services (YOS) for phase III offenders. | | |
| | **18. Increase the number of parolees employed by December 31, 2012.** | | |
| | a) Collaborate with work force centers to pilot re-entry specialists in work force centers--complete. | | |
| | b) Survey offenders regarding obstacles to employment--complete. | | |
| | c) Collaborate with Colorado Department of Labor and Employment to incorporate the "Connecting Colorado" website into the pre-release program. | | |
| | d) Improve employment data collection in the CWISE, parole automated information data base; establish quality assurance of data and establish a baseline measure. | | |
| | **19. Improve the pre-release/pre-parole investigation process by decreasing the standard time frame to process investigations by December 31, 2012.** | | |
| | a) Evaluate and chart time frames for the current pre-release/pre-parole processes for various DOC and Parole Board roles. | | |
| | b) Clarify duties and train staff on revised process. | | |
| | c) Increase collaboration and communication between departments, parole division and parole board. | | |
| | d) Review and update policies manuals and guidelines affecting pre-parole process to streamline the process. | | |

*All measures are FY12 (July 1, 2011 - June 30, 2012) unless otherwise stated.

**FY12-13 Long Bill.

| MAJOR PROGRAM | PRE-RELEASE/COMMUNITY RE-ENTRY CONTINUUM | | |
|---|---|---|---|
| | INPUT MEASURE* | PROCESS | OUTPUT MEASURE* |
| PROCESS MEASURES | Number of offenders; average daily population (ADP). **14,498** | Input measures listed (left) apply to all process listed below for the major program area, Pre-release/Community Re-entry Continuum. | |
| | Staff full time equivalent (FTE).** **35.6** | | |
| | Staff salaries.** **$1,974,663** | | |
| | Operating expenses.** **$123,202** | | |
| | | Provide coaching, community resource development and navigation that prepare offenders for their transition to the community until sentence discharge. | Number of staff trained in skill sets that enhance offender risk reduction/stabilization (Motivational Interviewing, interpersonal skills, problem solving, collaborative case management, criminogenic needs, cognitive reflective communication). **Pre-Release 14, Comm. Re-Entry 15** |
| | | | Caseloads of Community Re-Entry Specialists, and staffing ratios. **1:311** |
| | Number of offenders Average Daily Population (ADP). **14,498** | Pre-Release Program delivery in classroom settings, one-on-one coaching, Career & Community Resource Center. | Number of inmates who have completed the Pre-Release Program. **823** |
| | | | Number of offenders who participated in the Pre-Release Program. **1,570** |

| | PRE-RELEASE/COMMUNITY RE-ENTRY CONTINUUM | | |
|---|---|---|---|
| **PROCESS MEASURES** | INPUT MEASURE* | PROCESS | OUTPUT MEASURE* |
| | Funding for services and supplies.** **$165,389** | Supply direct services that provide stabilization in the community (clothing, backpacks, tools, food, etc.). | Number of offenders who have received re-entry services through Community Re-Entry (includes offenders taking classes). **4,675** |
| | Funding for classes.** **$89,000** | Offer re-entry classes at the Broadway Community Re-Entry Center that provide re-entry orientation, education and employment services. | Number of offenders who have participated in re-entry classes through Community Re-Entry. **2,746** |
| **OUTCOME MEASURES** | There are no outcome measures for this major program area this fiscal year. | | |
| **PERFORMANCE GOALS** | **20. Automate caseloads for offenders receiving re-entry to track fiscal resources for direct services provided to offenders by December 31, 2012.** | | |
| | a) Program and implement automated tracking system in CWISE, parole information database. | | |
| | b) Establish baseline measures for direct funded community re-entry services. | | |
| | **21. Reduce homelessness by providing increased housing stability for longer periods of time by December 31, 2013.** | | |
| | a) Increase long-term housing stability opportunities for offenders; enhance offender success/reduce recidivism: establish state-wide definition of homelessness; eliminate policies and procedures that may contribute to homelessness; research offender re-entry savings accounts; collaborate with Department of Local Affairs (DOLA) regarding access to Housing and Urban Development section 8 housing; collaborate with DOLA regarding second chance grant for housing stability; propose repurpose of staff positions to implement SSI/SSDI Outreach Access and Recovery (SOAR) model for benefits acquisition; collaborate with CO University School of Medicine for gap analysis of special need offender housing; collaborate with Attorney General's office regarding non-documented persons releasing to CO communities. | | |
| | b) Establish a data collection system to effectively track homelessness--complete. | | |
| | **22. Establish an inter-departmental re-entry steering team to guide work required to reduce barriers to offender success, reduce recidivism, and positively impact public safety; implement initiatives recommended by the steering team and approved by the respective departments' executive leadership by December 31, 2012.** | | |
| | a) Establish an interdepartmental re-entry steering team--complete. | | |
| | b) Assess September 2011 Re-entry Symposium work groups' recommendations; identify three initiatives for the groups' focus. | | |
| | c) Develop implementation plans, action steps and performance measures to improve the three initiatives. | | |
| | d) Implement plans and assess performance. | | |

*Data is FY12 unless otherwise specified.

**FY12/13 Long Bill.

| MAJOR PROGRAM | COMMUNITY CORRECTIONS | | |
|---|---|---|---|
| | INPUT MEASURE* | PROCESS | OUTPUT MEASURE* |
| **PROCESS MEASURES** | Number of offenders Average Daily Population (ADP) of Community and Intensive Supervision Program-Inmates (ISP-I) (excluding escapes and regressions). **2,657** | Input measures listed (left) apply to all process listed below for the major program area, Community Corrections. | |
| | Community parole staff.** **81.10 FTE** | | |
| | Community parole staff salaries.** **$5,995,249** | | |
| | 20% of CWISE (parole information system) contract dollars.** **$335,880** | | |
| | Operating expenses.** **$657,061** | | |
| | | Refer offenders to Community Corrections Boards and Community Corrections Facilities. | Number of primary community corrections transition referrals. **5,076** |
| | | | Number of alternate community corrections transition referrals. **7,568** |
| | | | Total number of community corrections reviews by the Community Re-entry Unit. **27,549** |

## COMMUNITY CORRECTIONS

| PROCESS MEASURES | Funding for ISP-I programs.** **$926,500** | Supervise community corrections offenders. | Number of code of penal discipline (COPDs) filed for community and ISP-I. **2,158** | |
|---|---|---|---|---|
| | Funding for electronic monitoring.** **$450,000** | | | |
| | Funding for ATP treatment.** **$360,000** | | Number of offenders on electronic monitoring; ADP ISPI. **733** | |
| | Funding for Psychotropic medications.** **$306,250** | | | |

| | | Baseline FY12 | Target FY13 |
|---|---|---|---|
| OUTCOME MEASURES | **O.** Decrease the rate of regressions from residential CC to prison. | 34% | 33% |
| | **P.** Decrease the number of walk-away escapes from residential community corrections centers by 2%. | 16.70% | 14.70% |

| PERFORMANCE GOALS | **23. Reduce the number of walk-away escapes from community corrections by June 30, 2013.** |
|---|---|
| | a) Increase offender knowledge of what to expect while in adult parole/community corrections. |
| | b) Analyze historical walk-away data and collaborate with stakeholders to formulate and implement strategies to decrease escapes. |
| | c) Develop and implement evidence-based structured violation decision-making instrument and incentives/rewards for offenders in residential community corrections centers. |

*Data is FY12 unless otherwise specified.
**FY 12/13 Long Bill.

| MAJOR PROGRAM | YOUTHFUL OFFENDER SYSTEM (YOS) | | |
|---|---|---|---|
| | INPUT MEASURE* | PROCESS | OUTPUT MEASURE* |
| PROCESS MEASURES | Number of YOS employees (FTE).**<br>**182.4** | Input measures listed (left) apply to all process listed below for the major program area, Youthful Offender System (YOS). *Intake, Phase I, Phase II, and Phase III (after care). | |
| | YOS employee salaries.**<br>**$12,220,971** | | |
| | YOS operating expenses.**<br>**$725,772** | | |
| | Number of admissions offenders being sentenced directly to YOS).<br>**77** | Effectively assess the risk / needs of the YOS offender population. | Number of offenders assigned to educational / vocational programs:<br>**149** academic enrollments.<br>**114** career and technical education enrollments.<br>**38** college course enrollments. |
| | | | Number of assessments administered upon intake.<br>**77** |
| | | | Number of releases.<br>**82** |
| | Contract funding for YOS Phase III aftercare services.**<br>**$1,062,396** | Supervise offenders to comply with terms and conditions of YOS sentence from Intake through Phase III (community supervision), while providing essential services to ensure for successful community transition. | Number of 28-day multi-disciplinary progress team reviews completed.<br>**225 a month** |
| | Funding for offender electronic monitoring.**<br>**$20,000** | | Number of drug test administered (all phases).<br>**Phase I & II 137;**<br>**Phase III 1,187** |
| | | | Number of offenders receiving Phase II 90-day re-entry classes and/or support services.<br>**40** |

| YOUTHFUL OFFENDER SYSTEM (YOS) | | |
|---|---|---|
| **INPUT MEASURE*** | **PROCESS** | **OUTPUT MEASURE*** |

| | INPUT MEASURE* | PROCESS | OUTPUT MEASURE* |
|---|---|---|---|
| **PROCESS MEASURES** | Number of COPD convictions.<br>**596** | Make determinations regarding revocation from YOS (facility & community placements). | Number of suitability hearings.<br>**14** |
| | | | Number of revocation hearings.<br>**15** |
| | Number of new charges / criminal filings.<br>**6** | | Number of offender revocations.<br>**15** |
| **OUTCOME MEASURES** | Outcome measures for YOS are located in the facility management plan for FY13. | | |
| **PERFORMANCE GOALS** | Performance goals for YOS in support of department strategic objectives are located in the facility management plan for FY13. | | |

*Data is FY12 unless otherwise stated.

**FY12/13 Long Bill spending authority.

| MAJOR PROGRAM | CCi | | |
|---|---|---|---|
| | **INPUT MEASURE*** | **PROCESS** | **OUTPUT MEASURE*** |
| **PROCESS MEASURES** | # of Staff full time equivalent (FTE).** **156.0** | Operate profitable CCi businesses within law, regulation & policy. | Sales revenue. **$50,792,763.40** |
| | Staff salaries.** **$11,145,091.55** | | |
| | Number of offenders in state prisons as of 6/30/12. **14,118** | | |
| | Raw material expense. **$28,195,951.42** | | |
| | Number of offenders in state prisons as of 6/30/12. **14,118** | Employ offenders and teach marketable skills through CCi businesses. | Number of offenders employed in CCi on 6/30/12. **1,516** |
| | Number of canteen staff.** **29.0 FTE** | Supply approved products/services to offenders through canteen operations. | Canteen sales. **$16,896,117.21** |
| | Operating budget (direct expenses only).** **$13,273,980.27** | | Number of offenders employed by Canteen as of 6/30/12. **87** |
| | Number of offenders in state prisons as of 6/30/12. **14,118** | | |
| **PERFORMANCE GOALS** | There are no department level performance goals for this coming fiscal year. | | |
| **OUTCOME MEASURES** | There are no department level outcome measures for this coming fiscal year. | | |

 *All measures are FY12 (July 1, 2011 - June 30, 2012), unless otherwise indicated.
**FY12/13 Long Bill spending authority.

| MAJOR PROGRAM | FACILITY MANAGEMENT SERVICES | | |
|---|---|---|---|
| | INPUT MEASURE* | PROCESS | OUTPUT MEASURE* |
| **PROCESS MEASURES** | Number of active Technical Energy Audits (TEA). **3** | Manage utilities. | Number of energy consumption units used. **115,300,000** KWh (electricity) **752,300** DkThrm  (gas) |
| | Number of active Performance contracts. **3** | | Number of thousands of gallons of water used. **820,200** kGal Potable Municipal Water used  **68,300** kGal Potable Well Water used **888,500** kGal Total Potable Water used |
| | Appropriation for utilities.** **$18,974,356**  General Fund **$ 1,050,834**  Cash Fund **$20,025,190** | | Number of Technical Energy Audits (TEA) awarded and completed. **3 - Awarded** **0 - Completed** |
| | Number of staff employed by the CDOC. **6,020.9** FTE | | Number of Performance Contracts (PC) awarded and completed. **1 - Awarded** **0 - Completed** |
| | Controlled Maintenance Appropriations. **4 -** Projects Approved FY12/13 **$3,330,583** CM Funded FY12/13 | Maintain buildings and infrastructure. | Number of Controlled Maintenance projects progressing on schedule. **3 -** CM Projects from Prior years **4 -** CM Projects Funded FY 12/13 **7 -** Total CM projects progressing on schedule |
| | Maintenance Appropriation.** **$5,261,740** | | Number of Capital Construction and Controlled Maintenance projects completed on budget. **9 -** CM Projects completed **1 -** CC Project completed **10 -** Total Number of Projected Completed |
| | Staff maintenance positions (full time equivalents) FTE.** **299.5** | | |

| | FACILITY MANAGEMENT SERVICES | | |
|---|---|---|---|
| | | Baseline FY11 | Target FY13 |
| **OUTCOME MEASURES** | **Q.** Reduce electric consumption from FY11 baseline by 1.5%. | 117,000 MWh | 115,400 MWh |
| | **R.** Reduce gas consumption from FY11 baseline by 7.0%. | 867,000 DkThrms | 806,300 DkThrms |
| | **S.** Reduce total potable water consumption by 2.0% over FY11 baseline; by 10% in five years over FY11 baseline by June 30, 2016. | 904,500 Kgals | 868,300 Kgals |
| **PERFORMANCE GOALS** | **24. Reduce energy use and water consumption by September 30, 2013.** | | |
| | a) Finish implementation of the energy performance contact at Buena Vista Correctional Facility (CF). | | |
| | b) Implement the energy performance contract at Sterling CF. | | |
| | c) Repurpose Fort Lyon. | | |
| | d) Develop and implement energy efficiency on-line training modules for staff. | | |
| | **25. Implement controlled maintenance projects (4) authorized in the FY12 budget cycle by June 30, 2015.** | | |
| | a) Replace control door at Fremont CF: select architectural firm; design, construct and close project. | | |
| | b) Implement perimeter security improvements at Buena Vista CF: select architectural firm; design, construct and close project. | | |
| | c) Facilitate generator replacement at CO Territorial CF: select architectural firm; design, construct and close project. | | |

*All measures are FY12 data unless otherwise indicated.

**FY12/13 Long Bill.

| MAJOR PROGRAM | EMPLOYEE DEVELOPMENT AND SUPPORT SERVICES | | |
|---|---|---|---|
| | INPUT MEASURE* | PROCESS | OUTPUT MEASURE* |
| PROCESS MEASURES | Number of referrals from Human Resources to the Corrections Training Academy (CTA).*** **495** | Train all new employees hired to the Colorado Department of Corrections. | Number of successful basic training completions.*** **484** |
| | Number of annual assessments completed from the field.*** **1,200** | Provide on-going in-service staff training. | Career development program participation numbers.*** **3,000** |
| | Number of annual trainer workshop feedback.*** **1,000** | | |
| | Number of CTA staff.** **15** | | Number of annual refresher training completions.*** **4,974 (in-classroom) 4,956 (on-line)** |
| | CTA staff salaries.** **$1,061,971** | | |
| | CTA operating budget.** **$128,042** | | |
| | Number of employees as of 6/30/12. **6,102** | | |
| PROCESS MEASURES | Number of requests to fill positions. **1,029** | Hiring and promotional process. | Number of new hires and promotions (positions filled). **563** |
| | Number of applications received. **9,139** | | Number of exams given (new hires & promotions). **266** |
| | Human Resource staff salaries.** **$1,584,480** | | |
| | Number of Human Resource staff.** **29** | | |

| EMPLOYEE DEVELOPMENT AND SUPPORT SERVICES | | |
|---|---|---|
| | **Baseline FY12** | **Target FY13** |
| **OUTCOME MEASURES** | **T.** Avoid an increase in staff work related injuries; maintain numbers at or below FY12 numbers: a) number of stake/struck; b) number of slips/falls; c) number of strains. <br> a) 149 <br> b) 164 <br> c) 108 | a) 149 <br> b) 164 <br> c) 108 |
| | **U.** Avoid an escalation of the staff turnover rate; maintain the rate at or below the FY12 level. <br> 12% | 12% |
| **PERFORMANCE GOALS** | **26. Monitor staff work-related injuries and address trends to avoid an increase in staff work-related injuries.** | |
| | a) Monitor staff work-related data to identify trends. | |
| | b) Develop and implement training opportunities for staff related to the identified trends. | |
| | **27. Monitor staff turnover for trends to prevent an escalation in the turnover rate.** | |
| | a) Encourage staff to complete exit surveys to identify areas of improvement for the department hiring and retention process. | |
| | b) Identify trends from exit surveys to target improvement opportunities which the department can control, and provide appropriate training to supervisors. | |

*Data is for FY12 unless otherwise indicated.

**FY12-13 Long Bill.

*** Data is for the period April 1, 2011 to March 31, 2012.

| MAJOR PROGRAM | FINANCIAL SERVICES | | |
|---|---|---|---|
| **PROCESS MEASURES** | INPUT MEASURE* | PROCESS | OUTPUT MEASURE* |
| | Number of staff.** <br> **3 FTE** in the Purchasing Office <br> **6 FTE** in the Contracts Unit | Procure goods and/or services for DOC staff as required for program operations. | Purchase orders. <br> **1,056** |
| | Staff salaries.** <br> **$642,020** | | Executed contracts. <br> **607** |
| | Number of purchase requisitions. <br> **1,376** | | |
| | Number of staff in Accounting Unit.** <br> **28 FTE** | Record and process all financial transactions related to: offenders via the Inmate Bank, department assets, liabilities, cash receipts/disbursements and others for DOC programs. | Inmate bank transactions. <br> **703,040** |
| | Staff salaries.** <br> **$1,702,020** | | Recorded Department financial transactions. <br> **30,738** |
| | Operating expenses for COFRS (state-wide financial accounting system).** <br> **$5,738,360** | | |
| **OUTCOME MEASURES** | There are no department level outcome measures for this major program area this fiscal year. | | |
| **PERFORMANCE GOALS** | There are no department level performance goals for this major program area this fiscal year. | | |

*Data is FY12 unless otherwise indicate.

**FY12/13 Long Bill.

| MAJOR PROGRAM | ORGANIZATIONAL SUPPORT SERVICES | | |
|---|---|---|---|
| **PROCESS MEASURES** | Monthly offender population for June 2012 (includes private facilities). **18,062** | Provide offender legal access and disability accommodation. | Number of offender accommodation requests processed and accommodations provided: **1,095 accommodation tracking system (ATS) requests closed; 782 ATS requests with at least 1 accommodation approved; 944 request for Montez Class member status processed.** |
| | Number of FTE Legal staff. **20.5 FY11-12** | | Number of offenders using legal access services FY 11-12: **12,135 legal copies made (month 8-2012); 3,280 offenders used law libraries (month 8-2012); 2,100 segregation loans (month 8-2012)** **24,787 offender grievances filed (FY12 steps 1, 2 and 3).** |
| | Number of DOC offices/facilities that are ACA accredited. **25** | Manage and provide oversight of the CDOC accreditation process | Number of DOC offices/facilities that maintain ACA accreditation. **25** |
| | Number of public and agency requests received. **2,665** | Provide information regarding the department to the public and external stakeholders. | Number of public and agency requests resolved. **2, 183** |
| | Number of research requests received. **FY11 - 25; FY12 - 27** | | Number of research requests responded to. **FY11 - 25; FY12 - 27** |
| | Survey and inquiry requests received. **FY11 - 81; FY12 - 87** | | Number of survey and inquiry requests responded to. **FY 11- 81; FY 12 - 87** |

| | ORGANIZATIONAL SUPPORT SERVICES | | |
|---|---|---|---|
| **PROCESS MEASURES** | Number of registered victims as August 2012. **6,191** | Provide statutorily required post-conviction victim services and notifications. | Number of victim notices mailed in August 2012. **E-mailed: 3,640** **US mail: 15,979** |
| | | | Number of hearings attended with victims in August 2012. **266** |
| | Legislative and statutory requirements and changes. Number of bills of interest introduced as of June 30, 2012. **155** | Management of the Department's policies and strategic plan. | Number of administrative regulations (ARs) modified, created or abolished. **New, 12** **Reviewed, 119** **Abolished, 10** |
| | Department strategic objectives in (published in 2012-2013 strategic plan). **36** | | Number of department strategic objectives completed. **12** |

| | | **Baseline FY12** | **Target FY13** |
|---|---|---|---|
| **OUTCOME MEASURES** | **V.** Maintain department-wide level of compliance for mandatory and non-mandatory standards: a) mandatory; b) non-mandatory. | a) 100% b) 99.2 | a) 100% b) 99.2% |

| | |
|---|---|
| **PERFORMANCE GOALS** | **28. Maintain American Correctional Association accreditation throughout the DOC by December 31, 2012.** |
| | a) Hold routine quarterly ACA manager meetings; provide relevant standards updates and monthly reports. |
| | b) Establish and ACA e-file system. |
| | c) Monitor two facility ACA reaccreditation reviews in FY12 for compliance. |
| | **29. Automate constituent services database to enhance response to public inquiries by March 31, 2014.** |
| | a) Establish and implement project with Office of Information Technology: scope, program and test. |
| | b) Update policy, train staff and deploy automated database. |

| | ORGANIZATIONAL SUPPORT SERVICES |
|---|---|
| **PERFORMANCE GOALS** | **30. Reduce red tape and overall number of regulations by streamlining and centralizing the administrative regulation process by June 30, 2013.** |
| | a) Streamline and reduce the number of administrative regulations (ARs); reduce cycle time; centralize AR process; combine and abolish ARs. |
| | b) Effectively use technology to improve the administrative regulation process. |
| | **31. Improve management communications through bi-annual town hall meetings between Executive Staff and employees throughout the DOC by October 31, 2012.** |
| | a) Establish a variety of communication mechanisms: bi-annual interdivisional meetings; weekly Executive Director e-mail message; quarterly Executive Director's video message; bi-annual town hall-style meetings with facility and parole staff. |
| | **32. Implement a speaker's bureau to improve communication with the public by September 30, 2012.** |
| | a) Establish a speaker's bureau with trained staff to present at public engagements, e.g. Rotary Club. |
| | b) Advertise availability of speaker's bureau, conduct presentations and assess results. |
| | **33. Develop the lean process improvement model for the department and apply lean principals to achieving strategic objectives by June 30, 2013.** |
| | a) Establish a Corrections Lean Improvement Process (CLIP) board to guide the program. |
| | b) Conduct work shop with CLIP board and Lean expert to formulate the DOC lean process and competency development model. |
| | c) Align relevant strategic objectives with lean process improvement to facilitate achieving strategic objectives. |
| | d) Orient facility and parole office leaders to lean processes. |
| | e) Implement lean training for various roles. |
| | f) Implement lean events for appropriate project improvements at facilities and parole offices. |

*All measures are FY12 unless otherwise specified.
**Data is not available on a FY basis currently. Legal Access group will beginning tracking by FY.

| MAJOR PROGRAM | INSPECTOR GENERAL | | |
|---|---|---|---|
| | **INPUT MEASURE\*** | **PROCESS** | **OUTPUT MEASURE\*** |
| **PROCESS MEASURES** | Number of criminal complaints. **2,277** | Enforce the law, to detect and deter crime within the Department of Corrections and the State of Colorado through systematic investigation and provide for a subsequent arrest and criminal prosecution of statutory violators. | Number of criminal investigations conducted. **1,087** |
| | Number of staff for criminal investigations. **45** | | |
| | Staff salaries for criminal investigations.\*\* **$2,086,405** | | |
| | Number of allegations of staff misconduct. **316** | Explore allegations to determine course of the investigative process and provide documentation to Appointing Authority for determination. | Number of professional standards Investigations conducted. **316** |
| | Number of staff for professional standards investigations.\*\* **5** | | |
| | Staff salaries for professional standards investigations.\*\* **$470,688** | | |
| | Number of applicants (excluding staff backgrounds required for PREA standards compliance). **FY2007-2012 (5 year average) 2,418/year** | Administer the background process to insure compliance with standards and analyze information obtained from established sources to determine eligibility for employment. | Number of background investigations conducted (5 year average). **2,418/year** |

| | INSPECTOR GENERAL | | |
|---|---|---|---|
| | **INPUT MEASURE*** | **PROCESS** | **OUTPUT MEASURE*** |
| **PROCESS MEASURES** | Number of staff for background investigations.**<br>**5** | Administer the background process to insure compliance with standards and analyze information obtained from established sources to determine eligibility for employment. | |
| | Staff salaries for background investigations.**<br>**$223,441** | | |
| **OUTCOME MEASURES** | There are no department level outcome measures for this major program area this fiscal year. | | |
| **PERFORMANCE GOALS** | **34. Implement New Federal Prison Rape Elimination Act (PREA) Legislation by February 15, 2013.** | | |
| | a) Review Department policies, fiscal costs and legislative changes needed to comply with PREA standards. | | |
| | b) Develop community corrections training curriculum and other staff education material. | | |
| | c) Develop PREA education for offenders in community corrections. | | |
| | d) Update information technology systems. | | |
| | e) Develop internal audit system to ensure compliance. | | |

*All measures are FY12 data unless otherwise specified.
**FY12/13 Long Bill.

## Summary

In fiscal year 2012, Department staff engaged in the implementation of thirty-four (34) strategic objectives to improve the efficiency and effectiveness of our organization, to enhance public, staff and offender safety, and to encourage offender success. Staff embraced the Department vision, to build a safer Colorado for today and tomorrow.

Key performance indicators (KPIs) were identified to measure our efforts to achieve improved outcomes. A performance review of the KPIs highlighted the challenges the Department faces to improve outcomes valuable to the public we serve. The Department achieved many successes, and we recognize there continues to be opportunity to improve. Several of our strategic objectives are multi-year, and the Department believes a resolute focus on implementing the strategic objectives will result in improved performance outcomes.

Lean process improvement is a method to analyze operational processes and target opportunities for improvement with a clear focus on delivering value to the customer. The Department is in the early stages of using Lean process improvement. We are committed to expand our expertise and competency over the coming year to use this method for improved performance and efficient use of resources.

The Operational Strategic Planning model adopted by the Governor's office provides a renewed focus on the daily operation of our Department. This method creates a more transparent connection between operations, fiscal resources, strategies and outcomes.

The 2013-2014 Strategic Plan is a reflection of past performance, current priorities and targeted outcomes. The Department of Corrections is proud to be of service to the State of Colorado through the application of a performance-based strategic plan.

# Appendix A: SMART Act Requirements for Strategic Planning

The Colorado Department of Corrections is required by the State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act, sections 2-7-201 through 205, C.R.S., to prepare a performance-based strategic plan. Essential requirements of the SMART Act related to the Department strategic plan are identified below and the section of the 2013-2014 Department strategic plan that meets the specified requirement.

| SMART Act Requirement | SMART Act Reference | 2013-2014 Strategic Plan Section | Page(s) |
|---|---|---|---|
| 5 year mission or vision. | 2-7-202(13)(b)(I) | Mission, Vision and Values | 5 |
| Performance based goals that correspond to the mission or vision. | 2-7-202(13)(b)(II) | 2013-2014 Strategic Operational Plan | 30-62 |
| Performance measures that correspond to the performance-based goals. | 2-7-202(13)(b)(III) | 2013-2014 Strategic Operational Plan—Outcome Measures | 30-62 |
| √ Indexed to a baseline. | 2-7-202(11) | | |
| √ Timeframe for successful performance. | 2-7-22(11) | | |
| √ Understandable to the public. | 2-7-201(1)(a) | | |
| Performance measures developed with employee input. | 2-7-201(1)(g) | Message from the Executive Director<br>2013-2014 Strategic Operational Plan | 3-4<br><br>30-62 |
| Performance measures, % coverage of budget line items and key programs. | 2-7-201(1)(a)and (d) | 2013-2014 Strategic Operational Plan | 30-62 |
| Strategies to meet the performance-based goals. | 2-7-202(13)(b)(IV) | 2013-2014 Strategic Operational Plan—Performance Goals and Action Steps (Strategies) | 30-62 |
| Performance evaluation of the Department's outcomes as compared to the benchmarks for prior year. | 2-7-202(13)(b)(V) | Performance Evaluation 2012-2013 Strategic Plan | 6-29 |
| Strategic plan posted on Department web site. | 2-7-204(1)(b) | Effective November 1, 2012 Amended January 2, 2013 | www.Department.state.co.us |

# Appendix B: Summary Table of
## 2013-2014 Performance Goals by Major Program Area

| Page | 2013-2014 Major Program | | Performance Goals |
|---|---|---|---|
| 31-34 | Housing & Security | 1 | Develop a comprehensive bed plan. |
| | | 2 | Reduce offender transports. |
| | | 3 | Revalidate and implement revised classification system. |
| | | 4 | Reduce step III grievances. |
| | | 5 | Implement the CO Transitional Accountability Plan (CTAP), seamless case management. |
| | | 6 | Enhance housing and programming for aging offenders. |
| | | 7 | Develop a data collection system to track offenders with State IDs. |
| 35-37 | Offender Programs | 8 | Program consistency. |
| 38-39 | Medical / Dental | 9 | Implement offender transportation efficiencies_Clinical. |
| | | 10 | Obtain Medicaid reimbursement for eligible offenders. |
| 40-42 | Behavioral Health | 11 | Open three therapeutic communities (TCs) for male, level III offenders. |
| | | 12 | Increase the number of eligible offenders receiving sex offender treatment. |
| | | 13 | Improve continuity of health care for high-risk mentally ill offenders. |
| | | 14 | Improve behavioral health services for offenders. |
| | | 15 | Support therapeutic community drug programs through increasing CAC certified drug and alcohol addiction counselors. |
| 43-45 | Parole | 16 | Increase evidence-based practices in parole supervision. |
| | | 17 | Implement CO Violation Decision Making Process (CVDMP). |
| | | 18 | Increase the number of parolees employed. |
| | | 19 | Improve the pre-release / pre-parole investigation process. |
| 46-47 | Pre-Release / Community Re-Entry Continuum | 20 | Automate caseloads for offenders receiving re-entry services. |
| | | 21 | Reduce homelessness. |
| | | 22 | Establish interdepartmental re-entry steering team to reduce barriers to offender success, reduce recidivism and positively impact offender success. |
| 48-49 | Community Corrections | 23 | Reduce the number of walk-away escapes. |

## Appendix B: Summary Table of
## 2013-2014 Performance Goals by Major Program Area

| Page | 2013-2014 Major Program | | Performance Goals |
|------|-------------------------|-----|--------------------|
| 50-51 | Youthful Offender System | | |
| 52 | Colorado Correctional Industries (CCi) | | |
| 53-54 | Facility Management Services | 24 | Reduce energy use and water consumption. |
| | | 25 | Implement controlled maintenance projects (4) funded in FY12 budget cycle. |
| 55-56 | Employee Development and Support Services | 26 | Monitor staff work-related injuries. |
| | | 27 | Monitor staff turnover for trends. |
| 57 | Financial Services | | |
| 58-60 | Organizational Support Services | 28 | Maintain ACA accreditation. |
| | | 29 | Automate the constituent services database. |
| | | 30 | Reduce red tape and overall number of regulations. |
| | | 31 | Improve management communication. |
| | | 32 | Implement a speaker's bureau. |
| | | 33 | Develop the Department's Lean process improvement model and apply lean principals to strategic objectives. |
| 61-62 | Inspector General | 34 | Implement Federal Prison Rape Elimination Act (PREA) legislation. |